PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3599

1. PLACE OF DEATH.		2. USUAL RESIDENCE (HOME) OF DE		
Carroll	MARYLAND	STATE Marylan	d	COUNTY	
CITY (If outside corporate limits, write RUR.	AL and LENGTH OF STAY	CITY (If outside corpor	ate limits, write	RURAL and giv	e nearest town)
OR give nearest town) Henryton	lyr. 8mths.11	Baltimo	re 17		
HOSPITAL OR		STREET	(If rural,	give location)	
INSTITUTION OR STREET ADDRESS HENRYTON ST	TATE MARYLAND	ADDRESS 624	N. Arline	rton Ave.	
3. NAME OF (First)	(Middle)	(Last)	14. DATE	(Month)	(Day) (Year)
DECEASED (Type or Print) HELEN	ELIZABETH	ADAMS	OF DEATH	April	8 19 5
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH		rthday If under	I year If under 24 hi
Female Negro	WIDOWED, DIVORCED, (Specify) Seperated	Nov.10.1922	28	yrs. Months	Days Hours Mir
10a. USUAL OCCUPATION (Give kind of work)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country	y) 12	CITIZEN OF WHAT
done during most of working life, even if retired)	Industry Theater	Ring & Queen	Co., Vin	rginia	COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN			
James White		Jeanette S	cott		
15. WAS DECRASED EVER IN U.S. ARMED FORCES		17. INFORMANT AND			
(Yes, no, or unknown) (If yes, give war or dates of service)	220-18-4248	Deceased			
	18. MEDICAL CE				
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH				INTERVAL BETWEE
a, Dibblish ou combination		a			ONDER MIND DEATH
Immediate cause (a)	Pu	lmonary Tubercu	losis	01110000000,	October,
A-4					1935
Antecedent cause(s) Diseases or conditions, if any, (b)		1000-0-000000000			
giving rise to the above cause stating the underlying cause last					
(c)					
II. OTHER SIGNIFICANT CONDITIONS					
Conditions contributing to the death but not related to the disease or condition causing deat	h				
19a. DATE OF OPERATION 19b. MAJOR I					1 20. AUTOPSY?
					Yes No [
21. ACCIDENT (Specify) PLA	CE (Home, farm, factory, street,	(CITY OR	TOWN)	(COUNTY)	(STATE)
SUICIDE OF INJU	office bldg., etc.)				
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CUR?		
OF INJURY m.	While at Not While Work At work				
22. I hereby certify that I attended the	e deceased from J.u.ly27.	, 19.49, to April	8, 1951.,	, that I last sa	aw the deceased
alive on April 8 1951, an	d that death occurred at	2. 25 Dm from the	anuana and	on the data at	ated above
SIGNATURE	(Degree or title)	ADDRESS	causes and	on the date st	DATE SIGNED
by the same of the	(20 A)				
Ellen Galler		nryton, Marylan			4/8/51
23. BURIAL, CREMATION DATE THERE REMOVAL (Specify)			LOCATION (CI	ty, town, or count	(State)
(Junal, 17-12-	57 arbutus	mem, Park	Balti	me.	md.
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECT	OR R have	.00 ;	ADDRESS
REG. 4/8/51 albert	Roserkham	Mus rate	-0-100	veans	32015
Donata	Local	222ml	1 /	10	4.10
Deputy	OCAL	1-2111110	norw	a pa	-

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PLEASE

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

36!10 Reg. Dist. No....74

1. PLACE OF DEATH- COUNTY Carroll	MARKY AND	2. USUAL RESIDENCE (ASED. COUNT	Y	
CITY (if outside corporate limits, write RI OR give nearest town) TOWN Henryton	(in this place)	CITY (If outside corpor		RAL and gi	ve nearest t	own)
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON S		STREET	(If rural, giv			/
3. NAME OF (First) DECEASED (Type or Print) JOSEPH	(Middle)	(Last) BAILEY		(Month)	(Day)	(Year) 1951
6. SEX 6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	Mar., 1,1919	9. AGE last birthd	Months	Days H	inder 24 hr
10a. USUAL OCCUPATION (Give kind of wo done during most of working life, even if retired Fireman	INDUSTRY Chemical Co.	Richmond, Vir	ginia	12	2. CITIZEN COUNTRY?	OP WHAT
13. FATHER'S NAME		14. MOTHER'S MAIDER				
William Bailey 15. Was Decrased Ever In U.S. Armed Ford	CES? 16. SOCIAL SECURITY NO.	Elizab	eth Glover			
(Yes, no, or unknown) (I! yes, give war or dat	228-03-6414	Deceased	ADDRESS			
TAO (BelAtce)	18. MEDICAL CE				1	
I. DISEASES OR CONDITIONS DIRECTL		MINION ION			INTERVAL ONSET A	BETWEEN ND DEATH
Immediate cause (a)-	Pulmonary Tu	berculosis			Sept.	.1948
1000						
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		***************************************		······································		
(e)					1	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but no related to the disease or condition causing d	t eath.					
19a. DATE OF OPERATION 19b. MAJOR					20. AUT	OPSY?
					Yes 🗆	No 🗆
SUICIDE	IJURY	(CITY OR		(COUNTY)	(ST.	ATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m	While at _ Not While _	HOW DID INJURY OC	CUR?	4		HE
22. I hereby certify that I attended	the deceased from Apr 6	, 1949., to Apr. 2	l, 1951, th	at I last s	aw the d	eceased
alive on Apr. 21 0 51,	and that death occurred at			the date st	ated abo	ve. SIGNED
Wenny. Jun !		enryt on, Marylan		4/21	/51	
23. BURIAL, CREMATION DATE THEF REMOVAL (Specify) 4/25	5-1 Burs 4	ak	Echmon	d. Va		(State)
DATE REC'D BY LOCAL REGISTRATE	S SIGNATURE	Charles & Land	OR P	2 m	ADDR	ESS /
Dep	uty Local	- Jum 11 Jul	1	jujar	11	anc.

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. / C

1. PLACE OF DEAT	Carroll	MARYLAND	2. USUAL RESIDENCE (RESIDENCE (RE		Troll
CITY (If outside c OR give nearest TOWN	orporate limits, write RUR.	er LENGTH OF STAY		ate limits, write RURAL and Minster	give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRE	R SS		STREET ADDRESS 122 E	(If rural, give location Green St)
3. NAME OF DECEASED (Type or Print)	(First) EMMA		(Last) AIR	4. DATE (Month) OF DEATH APT	(Day) (Year) 11 20 195]
female	white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIOWEO	3-4-1860	9. AGE last birthday If und Mont	der 1 year If under 24 hrs. Days Hours Min.
done during most of	ATION (Give kind of work forking life, even if retired)	10b. Kind of Business on Judustry OMP HOME	Maryland	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	Nicholas	H. Jenkins	Anna R. H	NAME [iltibidle	
15. WAS DECRASED E (Yes, no you unknown)	VER IN U.S. ARMED FORCES (If year, give war or dates of service)	16. SOCIAL SECURITY No.	Mrs. Chester	ADDRESS Davis, Sykes	sville, Md.
		18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CO	ONDITIONS DIRECTLY				ONSET AND DEATH
	(4)	antonias	Peroris		15 mages
Immediat	e cause		**************************************	varranter array S (right fright artifle) which is the Serve a and a a nutrition in a Serve access access	
450. O Antecede	nt cause(s)				
Diseases or	conditions, if any, (b)		######################################		
97 giving rise t	o the above cause underlying cause last				
Conditions contrib	ICANT CONDITIONS uting to the death but not use or condition causing deat	h.	***************************************	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	RATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY? Yes \(\Bar{\} \) No \(\bar{\} \)
21. ACCIDENT SUICIDE HOMICIDE		CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR 7	COUNT (COUNT	
TIME (Month) OF INJURY		INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
		e deceased from War I	2, 1951, to apr	20, 195/, that I las	t saw the deceased
alive on Car		d that death occurred at.(a. (Degree or title)	:45 A.m., from the		stated above.
SIGNATURE	· Chepker	M. O. 88	W. Main Was	temuster Ned	DATE SIGNED
23. BURIAL CREM		223 .		OCATION (City, town, or ed Carroll Co.	ounty) (State) Md.
DATE RECYD BY	LOCAL REGISTRAR'S	SIGNATURE	C. M. Walt		d, Md.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE

VS. A15



2411 N. Charles Street, Baltimore

0000 c/

		CERTIFICAT	E OF DEAT	H Reg. Dist. No.	0110/8
1. PLACE OF DEAT	Carroll	MARYLAND	2. USUAL RESIDENCE (roll
CITY (If outside OR give neare TOWN	corporate limits, write RURA	L and LENGTH OF STAY	CITY (If outside corpor	ate limits, write RURAL and given Mt. Airy	
HOSPITAL OR INSTITUTION (STREET ADDR	OR ESS		STREET ADDRESS Nr.	(If rural, give location) Taylorsville	
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	Edna Cordeli		Barnes	DEATH April	12, 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVERGED, (Specify) married	8. DATE OF BIRTH 1887	9. AGE last birthday If under Months.	Days Hours Min.
done during most of	PATION (Give kind of work work)	10h. KIND OF BUSINESS OR INDUSTRY	Marylan		COUNTRYS
13. FATHER'S NA	ME Thomas Howar	d Shipley	Ida Belle		
15. WAS DECRASED (Yes, up or unknown	EVER IN U.S. ARMED FORCES: (If year, give war or dates of service)	16. SOCIAL SECURITY NO. none	Wm. H.H.Barn		, Md.
I. DISEASES OR O	CONDITIONS DIRECTLY	18. MEDICAL CE LEADING TO DEATH	ERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
Immedia	ate cause (a)	Pulmonary Oedem	18		2 days
Antaced	ent cause(s)				
1110 11	r conditions, if any, (b)	hronic Cardiac De	compensation		2 yrs
giving rise	to the above cause and underlying cause last	Cardio-vascular-			10 yrs
Conditions contri	FICANT CONDITIONS huting to the death but not ease or condition causing deat	71 1 4 - 16 7 2			10 yrs
19a. DATE OF OP	ERATION 19b. MAJOR F	INDINGS OF OPERATION			20. AUTOPSY?_
none					Yes No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	CE (Home, farm, factory, street, office bidg., etc.) RY	(CITY OR	TOWN) (COUNTY)	(STATE)
TIME (Month OF INJURY) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
			, 19 46 to April	12, 19.51, that I last s	aw the deceased
	pril 12 , 1951 , an	d that death occurred at (Degree or title)	2:45 P.m., from the	causes and on the date st	ated above. DATE SIGNED
	Jauly Trabi		Mt. Airy, Ma	_	Apr. 13, 195
23. BURIAL PRE	MACION DATE	NAME OF CEMETE	rille	Carroll Co.	ty) (State) Md.
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	or Winfield.	ADDRESS Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

					/
1. PLACE OF DEATH COUNTY Carr	roll	MARYLAND	2. USUAL RESIDENCE (STATE Maryla		COUNTY City
OR give nearest TOWN	orporate limits, write RUR. town	Md. LENGTH OF STAY	OR TOWN Baltimon	31.3	L and give nearest town)
HOSPITAL OR	R SSSpringfield S		STREET ADDRESS 1316	W. Lexington	ocation)
3. NAME OF DECEASED (Type or Print)	(First) MILLARD	(Middle) \$ •	(Last) BOWEN	4. DATE (M OF DEATH	onth) (Day) (Year) 15 1951
5. SEX Male	White	7. SINGLE, MARRIED, WIDOWED, DIVORGED, (Specify)Married	8. DATE OF BIRTH	9. AGE last birthday 53 yrs.	If under 1 year If under 24 hrs Months Days Hours Min.
10a. USUAL OCCUP	ATION (Give kind of work working life, even if retired)	10h. Kind of Business or Industry.	Baltimore, Mo	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM			14. MOTHER'S MAIDEN	NAME	
	VER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	Anna Anders		
(Yes, no, or unknown)	(If yes, give war or dates of service)	217-09-6402	Records, Spring	field State	Hospita
•		18. MEDICAL CE	RTIFICATION		7
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)Tuberculous pneumonia			6 hours		
Diseases or	condimons, a any, (D)	berculous mediast	inal lymphadeni	tis	Fidefinite
stating the u	(0)	iliary tuberculos	is		Indefinite
	ICANT CONDITIONS uting to the death hut not use or condition causing deat	h.Emaciation			6 months
19a. DATE OF OPE	RATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY? Yes 19 No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA	CE (Home, farm, factory, street, office hidg., etc.) JRY	(CITY OR	TOWN) (C	COUNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CURT	
22. I hereby cert	ify that I attended the	e deceased from 4-10	-, 1951, to 4-	15-, 19.51, that	I last saw the deceased
alive on SIGNATURE	4-15, 151 an Challs F.	d that death occurred at	7:35 P. m., from the	causes and on the	date stated above. DATE SIGNED
23. BURIAL, CREM REMOVAL (Spec	(ify) 4/19/51	Woodla wn Ca	m. 01	LOCATION (City, town	awn. Md. O
DATE REC'D BY REG.	S REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	richnes	Suo-Palo
, , ,		-//	//		

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

GER.	HIGH	E OF L	11277 1 1	1	Reg. Dist. N	0	*********
1. PLACE OF DEATH-	MARYLAND	2. USUAL RES	SIDENCE (HO Md •	ME) OF DEC	CEASED- COUNT	Y	
OR give nearest town)	(is this place)	OR TOWN	Haltimor		RURAL and gi	ve nearest to	m)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Grimes Nursing I	Home	STREET ADDRESS	3816 Rid	(If rural, gewood	give location) AVO •		/
3. NAME OF DECEASED (First) (Mid (Type or Print)	dle)	Buch	- 1	4. DATE OF DEATH	(Month)	(Day)	(Year)
5. SEX 6. COLOR OR RACE 7. SINGLE WIDOWS (Specify)	MARRIED, D. DIVORCED,	July ;	28.1870	AGE last birt	hday If under Months.	Days Hou	der 24 hra
10a. USUAL OCCUPATION (Give kind of work) done during most of working life, even if retired) NDUSTRY NOUSEWLIE	of Business or	11. BIRTAPL	land			2. CITIZEN O	F WHAT
13. FATHER'S NAME		14. MOTHER		AME			
Paul Peter Kandler 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIA	L SECURITY NO.	Unkn		hnpres			
(Yes, no, or unknown) (If year, give war or dates of service)					819 Kin	gston R	i.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO	18. MEDICAL CER TO DEATH		de	·		INTERVAL I ONSET AND	BETWEEN DEATH
1/22 / Antecedent cause(s)							
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last			THE CASE IS A SECOND OF THE PARTY AND A SECOND SECOND	**************************************	-0.4-44 day w/s y min's grouper set at a color date of the		***************************************
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	.,,,.			TA TO COMMENSATION COM AND AN EQUIPMENT OF STREET STREET			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS O	F OPERATION					20. AUTO	PSY?
						Yes 🗆	No 🗆
21. ACCIDENT (Specify) PLACE (Home, to SUICIDE OF office bldg., HOMICIDE INJURY	erm, factory, street, , etc.)		(CITY OR TO	WN)	(COUNTY)) (STAT	'E)
TIME (Month) (Day) (Year) (Hour) INJURY OF While at Work	CCURRED Not While At work	HOW DID I	NJURY OCCU	IR?			
22. I hereby certify that I attended the deceased alive on 28, 197, and that dear (De		1957, to	/				
REMOVAL (Specify)	AME OF CEMETER	Y OR CREMA	1		, town, or coun	ty) (S	tate)
DATE REOD BY/LOCAL REGISTRAR'S SIGNATUR	Woodlawn C	24. FUNERAL	DIRECTOR	oodlawn,	Md /	ADDRES	-
REG 12/5/ DG) Ned	a all	Man	Y. I	Louer	HOUSE.	1=1011	7/1)

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The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. VS. A15

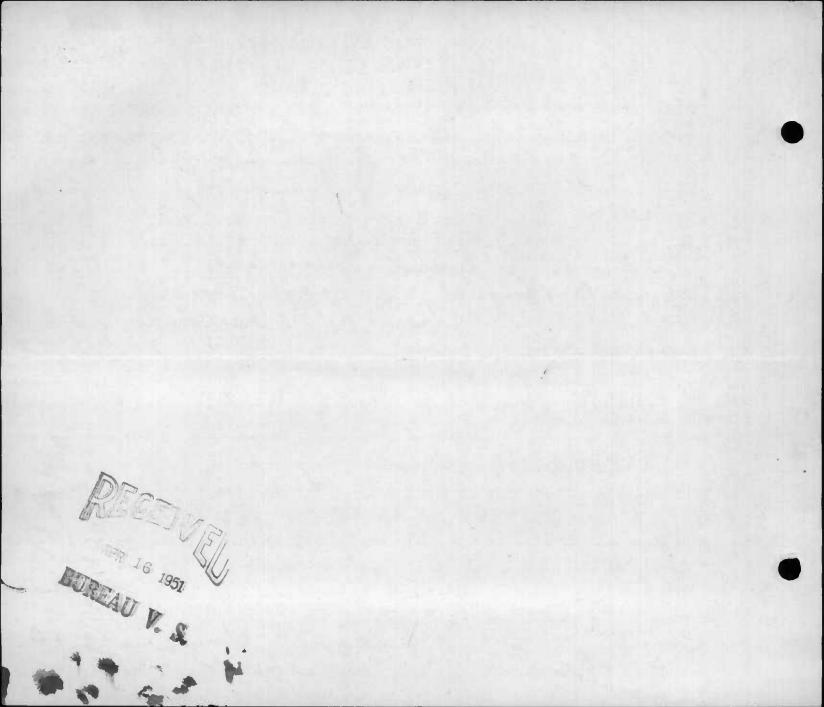
CERTIFICATE OF DEATH

	FOR MEDICAL	EXAMINERS	Reg. Dís	t. No. /6
1. PLACE OF DEATH- COUNTY	MARYLAND	2. USUAL RESIDENCE THE STATE	// CO	UNTY 10
CITY (If outside corporate limits, write RURAL OR give nearest town) TOWN Useful Washington	and LENGTH OF STAY	OR CITY (II outside corporat	e limits, write RURAL a	nd give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Avoudale		STREET ADDRESS	(If rural, give location	on)
3. NAME OF DECEASED (First) (Type or Print), JOHN	(Middle) EXANDER B	(Last) UFFINGTON	4. DATE (Month OF DEATH OF)	. "3 (***)
5. SEX 6. COLOR OR RACE 17.	SINGLE, MARRIED, WIDOWED DIVORCED, (Specify)	March 17-1902	49 yrs. Mo	inder 1 year If under 24 hre onths Days Hours Min.
	b. KIND OF BUSINESS OR	Mary Car	l	12. CITIZEN OF WHAT
John & Bulling	ton	Many S	NAME	
15. WAS DECEASED EVER IN U.S. Asmed Forces? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Websell But	hudo ()	sturester 14
	M. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LE.		200 1 710		ONSET AND DEATE
976 x Immediate cause (a)	what would	Julian Julian	ing way her	C. Munter
Antecedent cause(s)				
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		***************************************	**************************************	
(c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION 19b. MAJOR FIN	DINGS OF OPERATION			20. AUTOPSY?
21. EXTERNAL CAUSE WAS PLACE	(Home, farm, factory, street,	(CITY OR TO	OWN) (COU	Yes No NTY) (STATE)
PRIMARY FOR CONTRIBUTING OF	office hidg., etc.)	Westwindle	Carra	
TIME (Month) (Day) (Year) (Hour) IN	NJURY OCCURRED Thile at Not while The strong of the strong	HOW DID INJURY OCC		0 - 10 - 1
22. I certify that I took charge of the remains obtained by said Autopsy, Inspection or In	described above, held an A	utopsy . Inspection .	Inquiry thereon	and from the evidence
from: natural causes , accident , SIGNATURE	suicide homicide , (Degree or title)	undetermined	ansee, and weath th	DATE SIGNED
Verney March Deputy me	dies Cx muiner	Westweete,	mil	afr 14-1951
23. BURIAL, CREMATION DATE THEREOF	NAME OF CEMETE	RY OR CREMATORY	CATION (City, town, or	county) (State)
DATE REC'D BY LOCAL REGISTER'S SIC	INATURE	24 FUNERAL DIRECTOR	and July	
	in Inon	() (() QLo.	then +	ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE



2411 N. Charles Street, Baltimore

3606

CERTIFICATE OF DEATH

1. PLACE OF DEATH.		2. USUAL RESIDENCE (HO		7,777
COUNTY	MARYLAND	STATE		NTY
CITY (If outside corporate limits, write RURA	AL and LENGTH OF STAY	CITY (If outside corporate	limits, write RURAL and	d give nearest town)
OR give nearest town) TOWN Henryton	2mths 21dar	or a TOWN Baltimore	2	
HOSPITAL OR INSTITUTION OR INTERPRETATION OF		STREET	(If rural, give location	n)
STREET ADDRESS HENRY FON S	TATE HOSPITAL	ADDRESS 615 En	sor St.	
3. NAME OF (First)	(Middle)		4. DATE (Month)	(Day) (Year)
DECEASED			OF	9 51
(Type or Print) CASTON 5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED,	ORNISH JR	DEATH April AGE last birthday If un	7 *
Male Negro	WIDOWED DIVORCED. (Specify) Mai'T IEC.	May 19, 1917	3/3 22 yrs. Mon	the Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work	10h. KIND OF BUSINESS OR	11. BIRTHPLACE (State or f	reign country)	12. CITTEEN OF WHAT
done during most of working life, evon if retired)	Landscaping	Baltimore, Ma	arvland	COUNTEYT
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
Gaston Cornish.	Sr.	Pansy Br	rown	
15. WAS DECRASED EVER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND A		
(Yes, no, or unknown) (If yes, give war or dates of service)	Unknown	Decease	he	
	18. MEDICAL CE		/	
T DYON GOOD ON GOVERNMENT DIRECTOR W				INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
Immediate cause (a)	Pulmons	ary Tubercules:	ls	June, 1950
/ Immediate cause			***************************************	
Antecedent cause(s)				
Diseases or conditions, if any, (b)			**************************************	. 0 0 0 min
stating the underlying cause last				
(c)				
 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat 	h.			
19a. DATE OF OPERATION 19b. MAJOR F				20. AUTOPSY?
				Yes No No
	CE (Home, farm, factory, street,	: (CITY OR TO	WN) (COUN	
SUICIDE OF INJU	office bldg., etc.)			
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OCCU	R?	
OF INJURY m.	While at Not While Work At work			
INJURI	WOIR ALWOIR			
22. I hereby certify that I attended the	deceased from Jan 1	3 19.51. to April	2. 19.51 that I las	st saw the deceased
alive on April 9, 191, an	d that death occurred at; (Degree or title)	3.:50A.m., from the ca	uses and on the date	e stated above.
SIGNATURE	(Degree or title)	ADDRESS		DATE SIGNED
Ilyun . Alun	I MEN.	enryton. Mary	land	11/9/57
			GATION (City, town, or e	county) (State)
Bemoval (Specify) april 13	.51 my Pala	ery Cem /	3cottelepe	. me
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	24 FUNERAL DIRECTOR	0.	ADDRESS
REG. 4/9/51 albert	16. Towarkhan	lecoy o, W	cerc 1000	Dunty
Depu	ty Local	0	100	100 my
- P	•			, poy-

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BUREAU V. S.

Event: "

VS. A15

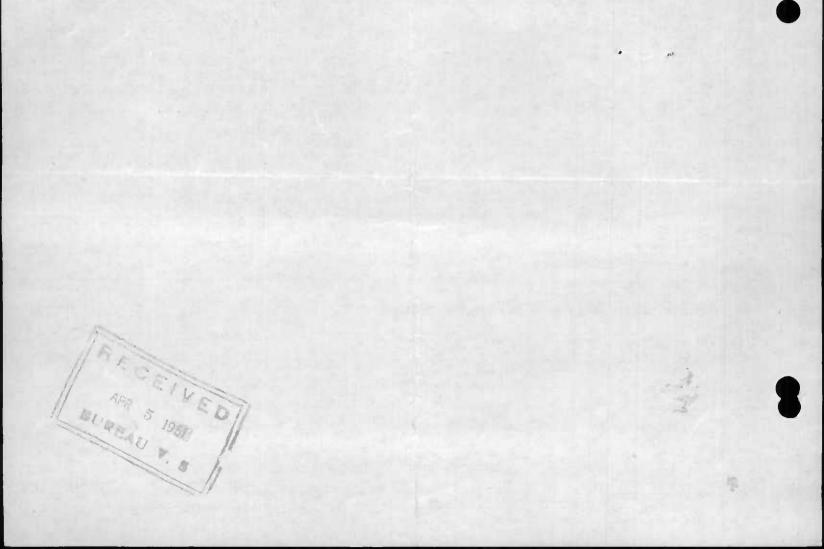
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3607

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
1. PLACE OF DEATH- COUNTY Carroll MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	Maryland Carroll
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN Rural-Ridgeville 2 years	TOWN Rural - Ridgeville
HOSPITAL OR INSTITUTION OR R.F.D. Mt. Airy	STREET R.F.D. (If rural, give location) Mt. Airy
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
OECEASED (Type or Print) • Luella -	Decker DEATH Office / 195/
6. SEX Female 6. COLOR OR RACE Windows Married, Windows Specify Single (Specify Single)	S. DATE OF BIRTH 9. AGE last birthday If under 1 year Hours Min. Feb. 14, 1864 87 Feb. 14, 1864 87 Feb. 14, 1864 1864
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry 10c. Kind of Business or Ind	11. BIRTHPLACE (State or foreign country) Staten Island N.Y. 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
David Decker	Ella VanName
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes. no, or unknown) (If yes, give war or dates of none	Melvin H. Decker, Mt. Airy, Md.
18. MEDICAL CE	ERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Cremia (with ascites Cardiae Interval Between ONSET and DEATE
11914	Ohis Dath The
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Chronic Sud	Chronic architis lad
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	Chronic Orthritis Cad
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic Orthritis Cad conditis
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	Chronic Orthritis Cad conditis
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)	Chronic Orthritis Cad Conditis
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)	Chronic Orthritis Cad Conditis
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) OF INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from Constants	Chronic Orthritis Cad Condities 20. AUTOPSY? Yes \(\text{No} \) (CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? , 1947, to \(\text{fall} \), 19.5/, that I last saw the deceased
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) While at Not While of Not Work At work alive on Charle, 19.5%, and that death occurred at SIGNATURE. August 19a. Accident 19b. Major Findings of Operation of the Not While of Not While o	Chronic Orchritis Cas 20. AUTOPSY? Yes No (CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While of Not While at Not While of Not While at Not While of Not Work At work alive on Charlet, 19.57, and that death occurred at SIGNATURY. 22. I hereby certify that I attended the deceased from Course alive on Charlet, 19.57, and that death occurred at the December of the Part of Cameria. 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETICAL CRE	Chronic Crihritis Cas Conditis 20. AUTOPSY? Yes \(\) No \(\) (CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? ADDRESS DATE SIGNED CRY OR CREMATORY LOCATION (City, town, or county) (State)
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While of INJURY 22. I hereby certify that I attended the deceased from Lugarity alive on Charles, 19.5%, and that death occurred at SIGNATURE. 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETICAL CRE	Chronic Crihritis Cas 20. AUTOPSY? Yes No No (CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? STATE
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While of Not While at Not While of Not While at Not While of Not Work At work alive on Charlet, 19.57, and that death occurred at SIGNATURY. 22. I hereby certify that I attended the deceased from Course alive on Charlet, 19.57, and that death occurred at the December of the Part of Cameria. 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETICAL CRE	Chronic Crihritis Cas Conditis 20. AUTOPSY? Yes No (CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? ADDRESS DATE SIGNED ADDRESS HALL, 19.5/, that I last saw the deceased ADDRESS DATE SIGNED ADDRESS HALL, 19.5/ ERY OR CREMATORY LOCATION (City, town, or county) (State)



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

NIARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

3608

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY
MARYLA MARYLA	ND /US
CITY (Il outside corporate limits, write RURAL and LENGTH (
TOWN give nearest town) (in this	place) OR TOWN Stewarton
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR	ADDRESS
STREET ADDRESS	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) OTIS EDWAR	D JOUGHAS. DEATH april 26 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARK	ED. 8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs
6. COLOR OR RACE 7. SINGLE, MARKE WIDOWED DIVE	REED, Months Days Hours Min.
(Specify)	NESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during good of work life, even if restrict)	Countray?
from during most of working life, even if rested) Indiana	Jano, Jano, L.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Undurwa	Cardibean Domplas
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURI	TY NO. 117 INFORMANT
(Yes, no, prunkrown) (If yes, give war or dates of -7, / 7, - 5 6	
· leervice)	. 3781 perspender officerous in his porticity
18. ME	DICAL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA'	INTERVAL BETWEEN
Pearline Skull	
Immediate cause (a)	tak auche Temetur would abdom
Antecedent cause(s)	and the second to the second
Diseases or conditions, if any, (b) at lust find	Man C. Wescerolin & veleties
glving rise to the above cause	
stating the underlying cause last	
(e)	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a, DATE OF OPERATION 19b, MAJOR FINDINGS OF OPER	ATION 1 20. AUTOPSY?
THE DATE OF OFERATION 150. MAJOR PINDINGS OF OFER	20. A0101511
	Yes No D
21. EXTERNAL PAUSE WAS PLACE (Home, farm, factor	ory, street, (CITY OR TOWN) (COUNTY) (STATE)
PRIMARY OR CONTRIBUTING OF official etc)	R Steurylon Connec Med
TIME (Month) (Day) (Year) (Hour) INJURY OCCURR	
OF While at Not w	n.
INJURY 2-6-5/ m. work at w	ork of Struck by railroad frains
	131 A. D. Immedia D. In Carrie and A. M. M. 13
22. I certify that I took charge of the remains described above,	held an Autopsy [], Inspection Inquiry Thereon and from the evidence
obtained by said Autopsy, Inspection or Inquiry, find that	said deceased died on the day stated above, and death in my opinion resulted
from: natural causes [], accident [], suicide [], hon	
SIGNATURE (Degree or ti	tle) ADDRESS DATE SIGNED
1 FALL OF BAUT THE LOCK	win Westerrich Het Up 26/17
times I work replay resulted by	747
	CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)
5-3-51	Salisbury, N. C.
DATE REC'D BY LOCAL REGISTRAB'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS 578
AREG. TO A CONTRACT OF THE STATE OF THE STAT	an it
The same of the sa	- Mostrances (x., Newsley-Wordsle
11/20/57 100 4- 0-10	A
TI 30/3.	730861
16	

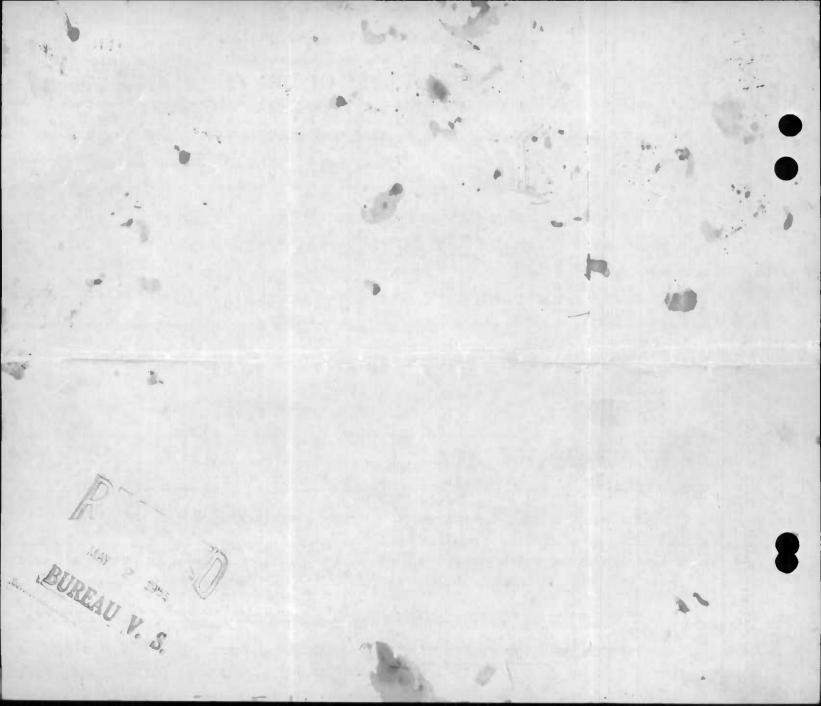
The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	MARYLAND	2. USUAL RESIDENCE CH STATE Pracella	OME) OF DECEASED.	Frederick
CITY (If outside corporate limits, write RURA OR give nearest town)			e limits, write RURAL and s	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Convales	Views 1	STREET ADDRESS	(If rural, give location)	
3. NAME OF DECEASED (First) (Type or Print)	(Middle) Bell	Ecker 1	4. DATE (Month) OF OFATH Opril	(Day) (Year)
Female Shile	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	May 1. 1873	AGE last birthday If under Month	er 1 year If under 24 hrs.
done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Marylan	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Hull	14. MOTHER'S MAIDEN	laroli a	Euster
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (Il yes, give war or dates of service)		Mes Howard	Dannes Thus	mont: ml.
	18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY		Λ.		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	forework	2 of Hope	w.	6 was.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause		0		**************************************
#16 2 stating the underlying cause last (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	h.			
19a. DATE OF OPERATION 19b. MAJOR F		1		20. AUTOPSY?
Ort. 1950 (6	Acres of	tromund		Yes No No
21. ACCIDENT (Specify) PLAC OF HOMICIDE INJU	CE (Home, farm, factory, steet, office bldg., etc.)	(CITY OR TO	OWN) (COUNTY	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	UR?	
22. I hereby certify that I attended the	e deceased from 278	, 19.57 , to 4/25	, 19.J., that I last	saw the deceased
alive on 4 25 , 1951 , and SIGNATURE	d that death occurred at/.	ADDRESS	causes and on the date	stated above. DATE SIGNED
Strutter Das	- new.	Believe	tes Wil	4/27/51
REMOVAL (Specify) DATE THEREO (Apr., 28.	1957 Blue Reds	ge semetery	CATION (City, town, or cou	inty) (State)
DATE REC'D BY LOCAL REGISTRAR'S REGULE. 28 195-1 Blane	SIGNATURE SIGNATURE	M. L. CLEAGE	· Son Thurn	ADDRESS
On L. K	- Woodward	. //		



of information carefully, death clearly and legibly.

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Physicians:

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charies Street, Baitimore

CERTIFICATE OF DEATH

3610

Reg. Dist. No. I. PLACE OF DEATH-2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY STATE Earroll MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR givo nearest town)
TOWN (in this place) OR Sykesville TOWN HOSPITAL OR
INSTITUTION OR
STREET ADDRESS Springfield State Hospital STREET (If rural, give location) ADDRESS 3. NAME OF (Middle) (First) (Last) 4. DATE (Month) (Year) (Day) DECEASED OF Ma rv (Type or Print) Ann Elliott DEATH 195 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 hrs. WIDOWED, DIVORCED, (Specify) Separated Days Months ! Hours | Min. female white /30/71 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Watkins Harriet Roberts 15. WAS DECRASED EVER IN U.S. ARMED FORCES? ! 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes. no. or unknown) | (If yes, give war or dates of menour Springfield State Hospital records 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Cerebral hemorrhage 2 weeks Immediate cause Antecedent cause(s) (b) Psychosis with cerebral arteriosclerosis 14 vrs. Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes [№ П 21. ACCIDENT PLACE (Home, farm, factory, street, (Specify) (CITY OR TOWN) (COUNTY) (STATE) SUICIDE office bidg., etc.) INJURY HOMICIDE INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) While at Not While INJURY Work At work 22. I hereby certify that I attended the deceased from July 1, 19.50, to April 18, 19.51, that I last saw the deceased alive on April 18 O SIGNATURE (Degree or title) DATE SIGNED Springfield State Hosp. Sykesville, Maryland A/19/51 23. BURIAL, CREMATION REMOVAL (Specify) LOCATION (City, town, or county) DATE THEREOF NAME OF CEMEPORY OR CREMATORY (State) DATE REC'D BY LOCAL 24. FUNERAL DIRECTOR ADDRESS



*

2411 N. Charles Street, Baltimore

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

<u> </u>	
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
CITY (If outside corporate limits, write RURAL and OR give nearest town) Middleburg (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location)
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) GEORGE B.	EYLER DEATH APR. 1 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Manie	Mar. 3, 1870 9. AGE last birthday If under 1 year If under 24 hrs. Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. AVAS DECEMBED EVER N U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Y. no, or unknown) (U.yes, give war or dates of	17. DIFORMANT AND ADDRESS
no iservice) no mone	Gerlande Eylar, Middle burg, Mary and
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Chroni:	mureachitis
Immediate cause (a)	10-70 Carro
#22, / Antecedent cause(s) Diseases or conditions, if any, (b).	Beldrosis
93d giving rise to the above cause stating the underlying cause last	
(c) II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby cortify that I attended the deceased from 10-6.	1957, to May 3/195/, that I last saw the deceased
alive on 3/, 19.5%, and that death occurred at	2 /2 m., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY, LOCAL A REGISTRAR'S SIGNAPURE	Till Cens, Friderick County Mary Land
RECUpil 1/1951 Lesling / Sept	I. L. Dartzler & Sons 100105
45	Union Bridge & Mour Winder Md.



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

				keg. Dist. N	O
1. PLACE OF DEATH- COUNTY	Carroll	MAN DATE AND	2. USUAL RESIDENCE (COTTATE	Y
CITY (If outside corpor		MARYLAND AL and LENGTH OF STAY		rate limits, write RURAL and gi	
OR give nearest tow	Sykesville	2 mon 4day6	II OD	imore	ve nearest town)
HOSPITAL OR			STREET ADDRESS	(If rural, give location)	/
STREET ADDRESS	Springileta	State Hospital	Unk n	own	V
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	Annie	Marie	Frobish	OF DEATH	13 1951
female 6.	color or race white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	s. DATE OF BIRTH	9. AGE last birthday If under Months	I year If under 24 hrs Days Hours Min.
10a. USUAL OCCUPATIO	N (Give kind of work)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	7.55	2. CITIZEN OF WHAT
Housewo	rk	Home	Maryland	U	COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Gotlieb	Frobish		Louisa A	Akorn	
15. WAS DECRASED EVER	IN U.S. ARMED FORCES	16. SOCIAL SECURITY No.	17. INFORMANT AND	ADDRESS	
(Yas, no, or unknown) (If	yes, give war or dates o ice)	1	Springfield Sta	ate Hospital reco	rds
		18. MEDICAL CE			
I. DISEASES OR COND	ITIONS DIRECTLY				INTERVAL BETWEEN ONSET AND DEATH
Immediate ca	uso (a)	Carcinoma of	colon	2000 du " x do 6 o dudo doscodas um es sáu e s sas sa = x 8 2 = 8 o 602 8 5042 e 600 800000	5 months
153 × Antecedent of Diseases or condition of the Stating rise to the stating the under	tions, if any, (b)	Senile psychosis			lh yrs.
To stante the winder	(c)				
II. OTHER SIGNIFICAN Conditions contributing related to the disease or	T CONDITIONS to the death but not	h.			
		INDINGS OF OPERATION			20. AUTOPSY?
					Yes No
21. ACCIDENT (SUICIDE HOMICIDE	Specify) PLACOF	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR	rown) (COUNTY	
TIME (Month) (Da		INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CCUR?	
		deceased from July 1	1050 40 11/13	10 🗓 💤 ТЪ	- Inc Property.
alive on 4/1	3/, 19.51, and	d that death occurred at	5:15 A.m., from the	causes and on the date st	ated above.
Malak	or X. Jour	uchlefall M		ield State Hosp.	4/13/51
23. BURIAL, CREMATIC	ON DATE THEREO	931 Sture	RY OR CREMATORY	LOCATION (City, town, or coun	
DATE REC'D BY LOC	AL LEGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO		ADDRESS
1 REG. 11 100	1 Ostan	w Wees	Year + This	let Seed in Ola	MA
my 1 1 12	· Corre	7 / / / /	y wo I v range	m syrectille	, ,

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The carrect age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. Also

BBRRAU V. S.

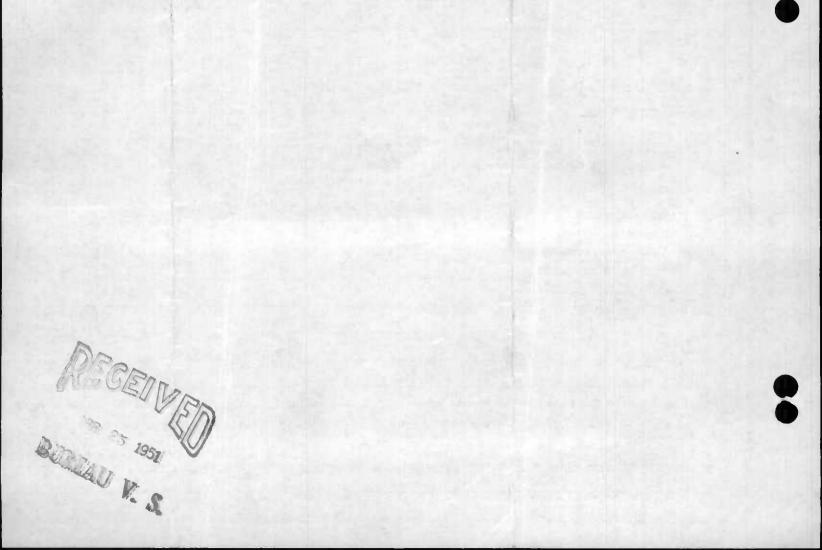
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY CANNOL MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Carroll
CITY (If outside corporate limits, write RURAL and CR give nearest town) TOWN CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give	nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) MARTHA MATILA	GETTICH DEATH april	18 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W. Jones	8. DATE OF BIRTH 9. AGE last birthday II under Months. 92 yrs.	Days Hours Min.
10m. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NUMBER OF BUSINESS OF JUNIUSTRY	Hampstead - Ud	CITIZEN OF WHAT
13. FATHER'S NAME of 1/2 its	Margaret List	
15. WAS DECRASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT AND ADDRESS Manch	ester Ud.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Automobile	ingtic Heart Disease	INTERVAL BETWEEN ONSET AND DEATH
420.0 Antecedent cause(s)	1 temovehous	25
Diseases or conditions, if any, giving rise to the above cause stating the nuderlying cause last		And sold sold sold sources are a sign of the decision where a c of Ann Ann State
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		90 60 60 60 00000 0000 000 000 0000 000
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	Yes No (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Roc.	, 1948, to aprul , 195/, that I last sa	w the deceased
	1:30 p.m., from the causes and on the date sta	
W. 74. Fround M.D. 7	Manchester Md aguin	l 18-1951
23. BURIAL, CREMATION DATE REMOVAL (Specify) 7-21-51 Wan electer	RY OR CREMATORY LOCATION (City, town, of county)	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	A. FUNERAL DIRECTOR	ADDRESS
- Marine J. M. W. M. J. Williams	The work of the second	- 7110



The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3614

I. PLACE OF DEATH- COUNTY Barroll MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY		
OR give neares	corporate ilmits, write RUR town) Henryton		CITY (If outside corpor OR TOWN	rate limits, write RURAL and	l give nearest town)
HOSPITAL OR INSTITUTION O STREET ADDRE	R TIPRIDUMON	STATE HOSPITAL	STREET ADDRESS 1328	(If rural, give location Binder Ct.)
3. NAME OF DECEASED (Type or Print)	(First) NELLIE	(Middle)	(Last) GRICE	4. DATE (Month) OF April	(Day) (Year) 15 19
Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	S. DATE OF BIRTH Dec.12,1916	9. AGE last birthday If un Mont	der I year If under 24 hi the Days Hours Mir
done during most of	PATION (Give kind of work working life, even if retired)	10b. Kind of Business or Industry Own nome	Dillion, S. C		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	4E		14. MOTHER'S MAIDEN	NAME	
	Inknown		Beulah F		
15. Was Decrased E (Yes, no, or unknown)	VER IN U.S. ARMED FORCES (If yes, give war or dates (service)	1 16. SOCIAL SECURITY NO. Unknown	Brother-Maxie	ADDRESS Sellers-1442 Wa	rd St.Balto.,
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEE
			Pulmonary Tu	hereulosis	Dog 1950
Immedia	le cause (a)	·····	Turnorary ru	IDEL CATOSTS	Dec.,1950
	nt cause(s)				
12 0 giving rise t	conditions, if any, (b)		**************************************		***************************************
stating the	underlying cause last				
Conditions contrib	(c) ICANT CONDITIONS uting to the death but not				- PI
19a. DATE OF OPE	RATION 19b. MAJOR 1	INDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bidg., etc.) JRY	(CITY OR	TOWN) (COUNT	Yes No CYY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
		e deceased from April 1	L2, 19.51, to April	15., 1951, that I las	t saw the deceased
alive on AT	pril 15., 19.51, an	d that death occurred at	ADDRESS A.m., from the	causes and on the date	stated above. DATE SIGNED
Himmy	1. Saun	MIN	Henryton, Md.		4-15-51
23. BURIAL, CREM REMOVAL (Spec	cify) 4-23-	51 mt. Cal	nery lem.	LOCATION (City, town, or ex	ounty) (State)
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FONERAL DIRECTO	OR.	ADDRESS
4-15-5	- albut	16. Anonha	tre) week &	1400 1200 M	cullak st.
	Depr	aty Local			Constitution all the



THE REPORT OF THE RESIDENCE OF THE PROPERTY OF THE RESIDENCE OF THE PERSON OF THE PERS

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3615

CERTIFICATE OF DEATH

1. PLACE OF DEAT COUNTY			2. USUAL RESIDENCE (F	HOME) OF DECEASED.	v
	Carroll	MARYLAND	Mary Land	a	Montg.
OR give nearest	corporate limits, write RUR.	AL and LENGTH OF STAY	II OR	ate limits, write RURAL and giv	re nearest town)
TOWN	town) Sykesville	since 4/20/36	Town Takoma	Park	
HOSPITAL OR INSTITUTION O STREET ADDRE	P	State Hospital	STREET ADDRESS unknow	(if rural, give location)	/
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	Floyd	Ishmond	GRIGGS	DEATH April	10 19 51
5. SEX male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WidoWer	s. DATE OF BIRTH 7/28/96	9. AGE last birthday If under Months	I year If under 24 hrs. Days Hours Min.
done during most of to butcher	ATION (Give kind of work working life, even if retired)	10b. Kind of Business on Industry	King & Queen Co		COUNTRY States
13. FATHER'S NAM	1E		14. MOTHER'S MAIDEN		
unkn	own		unknown		
	VER IN U.S. ARMED FORCES		17. INFORMANT AND	ADDRESS	
unknown	(If yes, give war or dates of service)	" unknown	Records - Sprin	ngfield State Hos	pital
		18. MEDICAL CE			1
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH DOSSIDLY
Immediat	e cause (a)	Chronic myocarditi	is and myocardia	l degeneration	10 years
7 Diseases or giving rise t	nt cause(s) conditions, if any, to the above cause anderlying cause last (c)				. +++++++++++++++++++++++++++++++++++++
Conditions contrib	ICANT CONDITIONS uting to the death but not use or condition causing deat	h. Schizophrenia,	paranoid type		18 yrs.
19a. DATE OF OPE	RATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY?
040 day 100					Yes No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACOF	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN) (COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	CURT	
alive on APA	Martin Gross,	on. M.D.	3:10 a.m., from the ADDRESS ykesville, Maryl	causes and on the date sta	ated above. DATE SIGNED 4/10/51
REMOVAL (Special DATE REC'D BY	cly) 4-13-3	1 It. Linco	OP +	Br. Ser. Cy. m	nay land
REG. 4-10-	. //	ry Weer	10.10, 21	bus Co. 517-11	. / . / /
				11/1/1/1/1/	1.0



P 3 .

James Sagar

2411 N. Charles Street, Baitimore

3616

CERTIFICATE OF DEATH

eg. Dist. No. 74

-						
1. PLACE OF DEAT COUNTY			2. USHAL RESIDENCE		COUNTY	
aı	roll	MARYLAND	Marylai		Was	hington
CITY (If outside	corporate limits, write RUR	AL and LENGTH OF STAY	CITY (If outside corpo	rate limits, write RURA	L and give neares	st town)
OR give neares	Henryton	6days	OR TOWN Hage	rstown		
HOSPITAL OR			STREET	(If rural, give lo	ocation)	
INSTITUTION O		ATE HOSPITAL	ADDRESS 343 I	Blooms Court		/
3. NAME OF	(First)	(Middle)	(Last)		onth) (Day)	(Year)
DECEASED	CHARLES		HALL	OF		
(Type or Print) 5. SEX	6. COLOR OR RACE	7 SINGLE MARRIED	1 8. DATE OF BIRTH	DEATH ADI	I Kundan Lucan I	195⊥
Male	Negro	7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) Sep.,	May 4,1901	49 yrs.	Months Days	Hours Min.
10a. USUAL OCCUI	PATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)		EN OP WHAT
Laborer	working life, evon if retired)	INDUSTRY Odd jobs	Hancock,	Maryland	COUNTE	¥?
13. FATHER'S NAM	ME		14. MOTHER'S MAIDE	NAME		
Belto	on Hall		Josephine	Long		
15 WAS DECRASED F	OVER IN ILS. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS		
(Yes, no or unknown)	(If yes, give war or dates of service)	220-05-6217	Mrs. Catherin		OO Monfol	In Asso
No	(Bervice)			ie o omison-27		
		18. MEDICAL CE	RIFICATION		INTER	to , MQ .
I. DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH			ONSET	T AND DEATH
	Land XvV Bullet	Pulmonary Tuber	reulesis		Azzer	.,1950
Immedia:	te cause (a)	Turnonary ruber	Carosis	*************************	Rus	. , 1770
Antecede	ent cause(s)					
Diseases or	conditions, if any, (b)		000 x 0 * * * 0 + 0 0 x 0 * 0 * 0 * 0 * 0 * 0 * 0 * 0 * 0	001000000000000000000000000000000000000		
3 glving rise	to the above cause underlying cause last					
stating the						
H OTHER SIGNIE	(c)					4
Conditions contrib	outing to the death hut not					
	ase or condition causing deat					
19a. DATE OF OPE	ERATION 196. MAJOR F	FINDINGS OF OPERATION			20. A	UTOPSY?
					Yes	
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACOF	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (C	COUNTY) (STATE)
	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY O	CCUR?		
OF		While at Not While Work At work				
INJURY	m.	Work At work				
22 I horoby cor	tify that I attended the	e deceased from Apr. 18.	1957 to ann 2	/ 19 57 that	I lost sow the	bosocob
22. I hereby cer	thy that I attended the	deceased nom.a.ga.a.da.	عوده مدلي ١٠٠٠ و مدار ١٠٠٠ و ١٠٠٠	علاما وشارستان الكال	I last saw the	deceased
alive on Ar	or 24 195b an	d that death occurred at	6. A. m. from the	e causes and on the	date stated al	hove.
SIGNATURE	() ()	(Degree or title)	ADDRESS		DAT	E SIGNED
80.	A S	90	//			, of
Clum	1 Jalen	m.	N. Henryton.	Maryland	4/2	4/51
23. BURIAL, CREM			RY OR CREMATORY	LOCATION (City, town	n, or county)	(State)
REMOVAL (Spe	V 1 7-21-	1951 Rose	Itel 1	Hazerato	run. 7	nd.
DATE REC'D BY			24. FUNERAL DIRECT	OR	ADD	DRESS
REG. 4/24/5	1 allest	R. Son hher	William	H Down	24 . 291	Frederick
	Denui	ty Local		Magnetain		
	- opa.	V		VALLENIE	had UI	12 13/

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEAT COUNTY			2. USUAL RESIDENCE ()		COUNTY.	
Carroll Maryland			Maryland Baltimore			
OR glvengareat TOWN	orporate limits, write RURA	(in this slave)	CITY (If outside corpor OR TOWN NOT 1		RAL and give	nearest town)
HOSPITAL OR	2		STREET	(If rural, give	e location)	
INSTITUTION O STREET ADDRE	ss Springfield	l State Hospita	1 ADDRESS not	known		/
3. NAME OF DECEASED	(First)	(Mlddle)	(Last)	4. DATE (Month)	(Day) (Year
(Type or Print)	Edward		Hanke	DEATH A	·	14 19
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED.	8. DATE OF BIRTH	9. AGE last hirthds	y If under I	year If under 24 h
Male	White	WIDOWED, DIVORCED, (Specify) dl Vorced	9/19/79	7] yn	1.	
done during most of	ATION (Give kied of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	,		CITIZEN OF WHA
Potte	working life, even if retired)	Ceramics				USA
13. FATHER'S NAM			14. MOTHER'S MAIDEN			
AF Was December 5	Henry Hank			Barkman		
(Yes, no, or unknown)	(If yes, give war or dates o	16. SOCIAL SECURITY NO.		ADDRESS		
Unknown	service)	Unknown		records		
		18. MEDICAL CE	RTIFICATION			INTERVAL BETWEE
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH				ONSET AND DEAT
Y 3t- 4	(a)	Bilateral pulmonar	m tuberculosis			Indefinit
Immediat	e cause	ortaterar purmonar	A onner carosts.	*****************************		TIMETIHIO
	nt cause(s)	Silicosis				11
3 A langiving rise t	to the above cause		***************************************	*************************		** ** ** ** * * * * * * * * * * * * * *
SUN stating the	underlying cause last	Danista and an ann				11
TI OTHER STORES	(c) I	Parkinsonian, caus	se undetermined			**
Conditions contrib	uting to the death but not ase or condition causing death	. Treated Syphilit	cic Meningo-ence	ephalitis		11
19a. DATE OF OPE	RATION 19b. MAJOR F	INDINGS OF OPERATION				20. AUTOPSY?
						Yes No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	CE (Home, farm, factory, street, office bldg., etc.) RY	(CITY OR '	TOWN)	(COUNTY)	(STATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OC	CUR?		
OF INJURY	m.	Work At work				1
			60 Mars	11/ 106		
22. I hereby cert		deceased from Sep.	/			
alive on App	cil 14, 1957, and	that death occurred at	2:45 Pm., from the	causes and on t	he date sta	ted above.
SIGNATURE	MANI	(Degree or title)	ADDRESS	21		DATE SIGNED
Henry	MIN Gazad	14.10.	Sypervil	E	4	4/14/5
23. BURIAL, CREM REMOVAL (Spe	dation Date Thereo	1951 NAME OF CEMETE	R CREMATORY	LOCATION (City, to	own, or county	(State)
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	OR MILE	1 .0	ADDRESS
DREG 25,	1957 Por 3tan	ery Weer	Wee & Hree	let - House	Besodle	a. 7111.
7		7		0	10	100



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

	Reg. Dist.	No
1. PLACE OF DEATH- GAAAV MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED TO STATE	
CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits, write RURAL and CITY (If this place) TOWN	CITY (It outside corporate limits, write RURAL and OR TOWN	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Ho	STREET 3243 PM: PU 1	4.
3. NAME OF DECEASED (Middle) (Type or Print) (Middle)	Light Acia 4. DATE (Month) OF DEATH	(Day) (Year) 2/ 1957
F. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, WIDOWED, DIVORCED,	9. AGE last birthday If und Month	er i year If under 24 bra
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MANUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Jule 11	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (I'yes, give war or dates of Handsocown) service)	17. INFORMANT AND ADDRESS Vospital records	
18. MEDICAL CE	CRTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) the Ain White	norrhage	INTERVAL BETWEEN ONSET AND DEATE
Antecedent cause(s) Diseases or conditions, if any, (b) The fluing fish to the above cause	, and intertines	6 4,000
stating the underlying cause last (c) but his varuel	as disease	6 4866
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Softe R Maler	enia	30 Gears
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNT	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 194. 5, to Maril 21, 19. 71, that I last	saw the deceased
alive on 4-17, 19.57, and that death occurred at	7. W.A.m., from the causes and on the date	stated above.
SIGNATURE (Degree of title)	ADDRESS Springfeld State	DATE SIGNED
23. AURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (SPORTS) 4-23-47 Joine	CRY OR CREMATORY LOCATION (CITY WWW.) OF COL	unty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE AREG. 72 1951 Colombia Meer	Sell hewis M 2100 6	dan B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Reg. Dist. No..

CERTIFICATE OF DEATH

. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY COUNTYWASHINGTON STATE CARROLL MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR givo nearest town SYKESVILLE (in this place) Hagerstown davs TOWN HOSPITAL OR INSTITUTION OR STREET (If rural, give location) STREET ADDRESS SPRINGFIELD STATE ADDRESS HOSPITAL 2223 Virginia Avenue 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED ISAAC ELMER HOFFMAN 26 19 51 (Type or Print) DEATH 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 hrs. Months [Days Hours | Min. MALE WHITE 3-11-1869 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life, even if retired) INDUSTRY COUNTRY? WASHINGTON CO.. MD. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ISAAC GRANT HOFFMAN FANNIE MYERS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) (If yes, give war or dates of pervice) RECORDS. SPRINGFIELD STATE HOSPITAL 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION No [] 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) SUICIDE office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) INJURY OCCURRED (Hour) HOW DID INJURY OCCUR? While at Not While INJURY Work At work 22. I hereby certify that I attended the deceased from 4-14-, 19.51, to 4-26-, 19.51, that I last saw the deceased ., and that death occurred at 12:34 Am., from the causes and on the date stated above. alive on 4-26-ADDRESS SIGNATURE (Degree or title) 23. BURIAL, CREMATION DATE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (Specify) aron 24. FUNERAL DIRECTOR REGISTRAR

BUREAU V. S.

32.2

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

II 2 USUAL PRSTINENCE (HOME) OF DECREESED

3620

eg. Dist. No. 24

COUNTY		rroll	MARYLAN	D	STATE Mary	Land	VERSE	COUNT	Y Qu	een 4	nne
CITY (If outside OR give neares	corporate lim	nts, write RUR		FSTAY	OR Centres	ate limits, write	RURA	L and giv	ve neare	st town))
HOSPITAL OR INSTITUTION O STREET ADDRE	R TIT		STATE HOSPITAL		STREET ADDRESS	(If rural,	give loc	eation)			/
3. NAME OF DECEASED (Type or Print)	WI	irst) LLIAM	(Middle)		(Last) HYNSON	4. DATE OF DEATH		1	(Day)		Year) 1951
Male	Negr		7. SINGLE, MARRIE WIDOWED, DIVOR (Specify) S1ng	RCED, Le	oct. 10,1932	9. AGE last hir	yra.	Months	Days	Hours	Mln.
done during most of	working life,	ve kind of work even If retired)	INDUSTRY Helper	ESS OR	Centreville,	Maryland	7)		COUNTI	EN OF	WHAT
13. FATHER'S NAI	George	Hynson			14. MOTHER'S MAIDEN	Pinder					
15. WAS DECRASED I	EVER IN U.S. (If yes, gives latervice)	ARMED FORCES	None	r No.	Mrs. Emma Hyr		add	ress			
Immedia		(a)	LEADING TO DEATH	HI.	rtification nary Tuberculosi	is	******		1	T AND	
Diseases or giving rise stating the 11. OTHER SIGNIF Conditions contributed to the dise	conditiona, le to the above underlying ex le l'ICANT CO nuting to the ase or condit	f any, (b) cause ause last (c) NDITIONS death hut not lon causing dea						000000000000000000000000000000000000000			
19a. DATE OF OPI	ERATION	19b. MAJOR	FINDINGS OF OPERA	TION						UTOPS	No 🗆
21. ACCIDENT SUICIDE HOMICIDE	(Specify	PLA OF INJ	CE (Home, farm, factor) office hldg., etc.) JRY	y, street,	(CITY OR	rown)	(C	OUNTY)		STATE	.)
TIME (Month) OF INJURY	(Day) (Y	(ear) (Hour) m.	INJURY OCCURRED While at Not While Work At work	lo	HOW DID INJURY OC	CUR?					
alive on App				ed at6	, 19.51, to April 58Am., from the ADDRESS	causes and o			ated a		NED
23. BURIAL, CREM REMOVAL (Spe DATE REC'D BY	ecify)	DATE THERE	the Man	CEMETE	RY OR CREMATORY 1	LOCATION (Cit	161	or coun	ty)	(Sta	
REG. 4-25-		allier 1	eputy Local	hans	l'égan X.	Lone	8	Kerel	1 /	ill	1.g
			1				0	A. C.J.	10	(

BUREAU V. S.

Frank Poten .

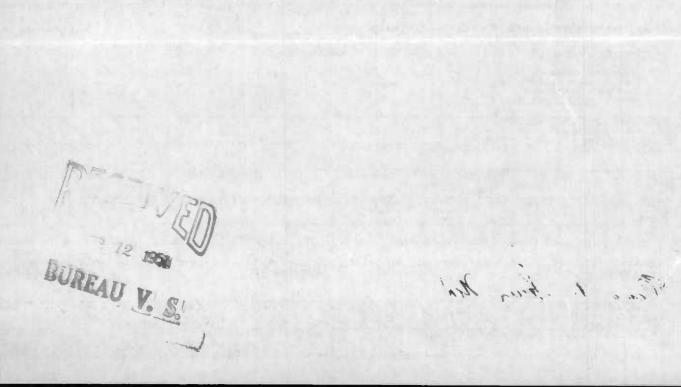
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1 WILLIAM OF THE	117		I 2. USUAL RESIDENCE (HOME OF PROMISE	no.	
1. PLACE OF DEAT COUNTY			STATE		COUNTY	
	CTOLL corporate limits, write RUR	MARYLAND AL and LENGTH OF STAY	CITY (If outside corpor		V and also h	
OR give neares	t town)	2mths.2days	II OR		TE and Rive II	earest town)
TOWN HOSPITAL OR	Henryton	Zmtns. Zdays	TOWN Baltimo	(If rural, give io		
INSTITUTION O STREET ADDRE	R ESS HENRYTON STA	TE HOSPITAL	ADDRESS	Druid Hill	4.00	/
3. NAME OF	(First)	(Middle)	(Last)		onth) (I	Day) (Year)
DECEASED (Type or Print)	GERALDINE	ELIZABETH	JONES	OF DEATH	oril 1	LO 195]
5. SEX Female	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	S. DATE OF BIRTH Aug., 28,1931	9. AGE last birthday 19 yrs.	If under 1 ye Months Da	ear If under 24 hr Hours Min
10a. USUAL OCCUI	PATION (Give kind of work working life, even if retired)	10b. Kind of Business on Industry never Worker	11. BIRTHPLACE (State	or foreign country)	12. C	ITIZEN OF WHAT
None 13. FATHER'S NAM	ME	HEAGT, HOTVET	Baltimore, "a	J NAME	•	
Nick .						
	EVER IN U.S. ARMED FORCES	? I6. SOCIAL SECURITY NO.	Lelia 17. INFORMANT AND	ADDRESS		
(Yes, no, or unknown)	(If yes, give war or dates of service)	of	Mr. Willie M.M	alone 13/0 D	m + 2 2 ** *	7.7
No	(service)	None 18. MEDICAL CE		Trong To D	Trato J	I Ave.
			KIIFICATION		IN	NTERVAL BETWEE
I. DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH			0	NEET AND DEATH
. 11	te cause (a)	Pulmonemy Ti	berculosis		1	Nov.1950
Immedia	te cause (*)	I. M.				Sold and a standard and addressed a second
	ent cause(s)				TO THE REAL PROPERTY.	
(- A	conditions, if any, (b)		**	***************************************		********************
stating the	underlying cause last					
	(c)				Ti-	
Conditions contrib	ICANT CONDITIONS outling to the death but not nee or condition causing deat	h.				
		FINDINGS OF OPERATION			2	O. AUTOPSY?
						Yes No D
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	(CITY OR	TOWN) ((COUNTY)	(STATE)
SUICIDE HOMICIDE	OF INJU	office bldg., etc.)				
TIME (Month) OF INJURY		INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OF	CCUR?		
		e deceased from Feb., 8				
alive on Apr	ril 19, 1951., an	d that death occurred at 5.	ADDRESS from the	causes and on the	date state	d above. DATE SIGNED
Elener (1. Seun		ENRYTON, MARYLA	ND D	2/	/10/51
23. BURIAL, CREA	W 4/14/	51 guy au	RY OR CREMATORY	LOCATION (City, tow	n, or county)	(State)
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	PIPE		ADDRESS
REG. 4/10/	51 Albert	18 Swankhas	1 tras	y wronger	,51LC	arrigation
W. The state of th	Depu	ty "ocal				

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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Your !

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Br

3622

CERTIFICATE OF DEATH

g. Dist. No. 24

1. PLACE OF DEATI	н.		2. USUAL RESIDENCE (HOME) OF DE			
	roll	MARYLAND	Marylar	nd	COUNT	Y	
CITY (If outside c OR give nearest	orporate limits, write RUR	AL and LENGTH OF STAY	OR CITY (If outside corpor	ate limits, write	RURAL and g	ve nearest t	own)
TOWN	Henryton	9mths.3days	TOWN Baltimor				
HOSPITAL OR INSTITUTION OF	R		STREET ADDRESS		give location)		
STREET ADDRE	SS HENRYTON ST.	ATE HOSPITAL	213-Si	lver Cou	rt		/
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE OF	(Month)	(Day)	(Year)
(Type or Print)	NORMA N		TONES	DEATH	April	23	1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH	9. AGE last bir		Days Ho	inder 24 hr
MALE	Negro	(Specify) Deperated	August 29,1906		yrs.	Days H	Mil.
done during most of w	ATION (Give kind of work vorking life, even if retired)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State			2. CITIZEN COUNTRY?	OF WHAT
Chauli	uer	Industry Private Fami	lly Sparrows		aryland		
13. FATHER'S NAM			THE BIOTHER OF BUILDER	-			
	rt Jones	Blid Committee	Estella				
(Yes, mq. or unknown)	ver In U.S. Armed Forces (If yes, give war or dates		17. INFORMANT AND	ADDRESS			
NO	service)		l Deceased				
		18. MEDICAL CE	RTIFICATION			INTERVAL	BETWEEN
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH				ONSET A	ND DEATH
		Pulmonarur T	uberculosis			Mar.1	050
Immediate	e cause (a)		MNET ANTABYS			Likershalt of	.7.29
	nt cause(s)						
	conditions, if any, (b)		**************************************				
13 - stating the u	nderlying cause last						
	(c)						
11. OTHER SIGNIFI	CANT CONDITIONS						
related to the disea	se or condition causing deat					1 00 1 775	io Podate
19a. DATE OF OPE	RATION 196. MAJOR I	FINDINGS OF OPERATION				20. AUT	OPSYT
- ACCUPENT	(N-seifer) I DY A	CE (Home, farm, factory, street,	: (CITY OR	TOWAL	COUNTRY	Yes [Lorent
21. ACCIDENT SUICIDE	OF	office bldg., etc.)	(CITT OK	IOWN)	(COUNTY) (512	ATE)
HOMICIDE TIME (Month)	(Day) (Year) (Hour)	JRY I INJURY OCCURRED	HOW DID INJURY OC	CURT			
OF		While at Not While	NOW DID MOON! OC	00161			
INJURY	m,	Work At work					
22. I hereby cert	ify that I attended th	e deceased from July 20) 19.50 to Apr. 23	19.51	that I last	saw the d	eceased
alive on.Apr.	an, 19., 2, an	d that death occurred at	ADDRESS	causes and o	n the date s	tated abov	ve. SIGNED
SEGNATURE	PV	The state of title)	ADDICESS			DATE	BIGNED
Hour	1. Agreen	MIN I	lenryton, Maryla	ind		4/23/5	51
23. BURIAL, CREM		/ / / / / / / / /		LOCATION (Cit	y, town, or cour	nty)	(State)
Burea (Spec	4/27/	51 my call	very cem.	1300	Elyn	ma	
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24 CNERAL DIRECTO	DR/	. 0	ADDRI	11/1/12
REG. 4/23/5	1 albuty	1. Asveraplan	Threy o. U	more	10001	sun	ug
	Dona	ty Local	0		1500	3007	aure
	Deha	oy Docat			la della	1 1 6	

REGELVEN V. S.

2411 N. Charles Street, Baltimore

3623

CERTIFICATE OF DEATH

Reg. Dist. No. 7.

1. PLACE OF DEATH COUNTY MARYLAND	2. USUAL RESIDENCE CHOME) OF DECEASED.
CITY (If outside corporate limits write RURAL and CR. give nearest town) OR give nearest town (in this place) TOWN Manufacture (in this place)	CITY (If outside corporate limits, write RURAL and rive nearest town) OR TOWN WELLE THOUSE THOUSE
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hauluste med 61	ADDRESS Manchestes med #1
3. NAME OF DECRASED (First) (Middle) (Type or Print) SARAH MILLER	TEENY 1. DATE (Month) (Day) (Year) OF DEATH CHEEL 27 1957
5. SEPCULAR 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DYORGED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday II under 1 year II under 24 hrs. Months. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most proficing life, even to retired) INDUSTRY OF BUSINESS OR INDUSTRY OF BUSINESS OR	A. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? CS
12. FATHER'S NAME Good Meller	14. MOTHER'S MAIDEN NAME Sweeker
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT IND ADDRESS
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
Immediate cause (a) auteursely	more that were synz
20.0 Antecedent cause(s)	
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
and the second s	Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from man 20	195/ to april 27 195/ that I last saw the decessed
alive on april 6, 195/, and that death occurred at 6	am., from the causes and on the date stated above.
SIGNATURE W. W. France (Degree or title) M. D.	manchester Md amil 29-1951
23. BURIAL, CREMATION DATE REMOVAL (Specify) DATE 30 1951 Black Coch	RY OD GREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE RHG. 19 7 MIG. 18 P. Shure	24. FUNERAL DIRECTOR See Rock Co
The state of the s	Wester Re

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

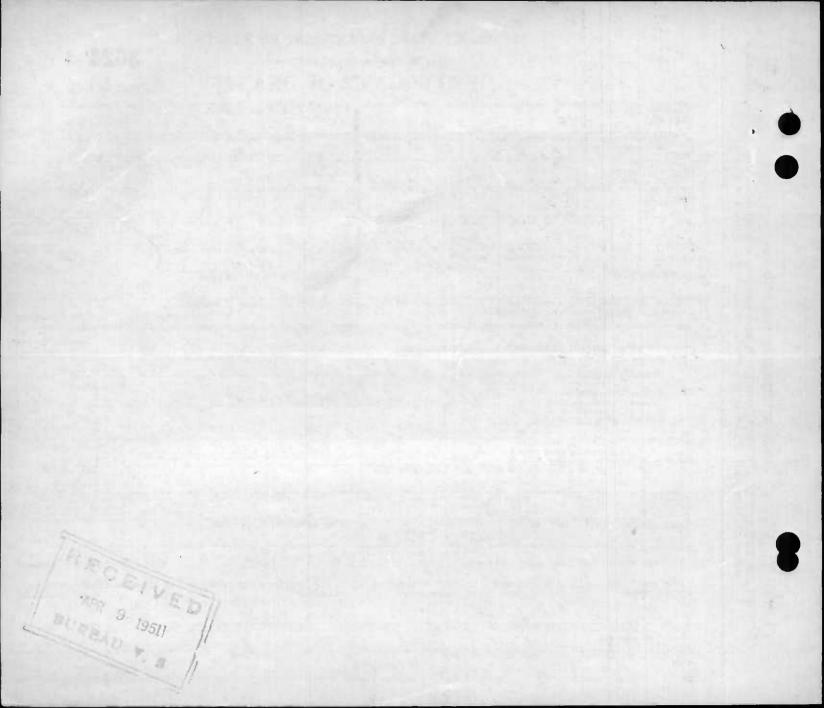
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3624

Reg. Dist. No. 74

1. PLACE OF DEATH- COUNTY CANABLL	MARYLAND	2 USUAL RESIDENCE (HOME) OF DECEASED	COUNTY MANGEMEN
CITY (If outside corporate limits, write RUR. OR give nearest town) SUKRAVIL	AL and LENGTH OF STAY (in this place)	CITY (Il outside corporate limits, write RURAL OR TOWN ASS KUSWU	Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield	I State Hospital	STREET ADDRESS Rol Known	
3. NAME OF DECEASED (First) (Type or Print) (Type or Print)	(Middle)	KIMBALL DATE MOR DEATH RIGHT	(th) (Day) (Year)
four all this	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) My downed	S. DATE OF BIRTH 3. AGE last birthday	If under 1 year If under 24 hrs. Months Days Hours Min.
10g. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. Knyd of Business or Industry	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WEAT COUNTRY?
13. FATHER'S NAME Dilger		14. MOTHER'S MAIDEN NAME WOLK KE	rown
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Hoop	ital records
	18. MEDICAL CE	BTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY	THE DELICATION OF LAW		INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY	A		ONSET AND DEATE
Immediate cause (a)	Cerebral her	cearrhage	hours
2 60% Antecedent cause(s) Discusse or conditions, if any, (b)	Cerebral ark	exiosclerosis	Mare Han
giving rise to the above cause stating the underlying cause last (c)	diabeles m	ellelus	more than
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deati	Payelosis with	: cerebral arterioselerosi	mare thou
19a. DATE OF OPERATION 19b. MAJOR F	INDINGS OF OPERATION		20. AUTOPSY!
21. ACCIDENT (Specify) PLAC SUICIDE OF HOMICIDE INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (CO	UNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the	deceased from Sept. 18	, 19.51, to ages. 6, 19.51, that I	last saw the deceased
alive on 40. 5, 1957, and SIGNATURE	d that death occurred at (Degree or title)	630 H m., from the causes and on the causes	late stated above. DATE SIGNED
gerbund Souceupel	dx M.D.	Springfield State Hospi	tal 4/6.5%
23. BURIAL CREMATION DATE THEREO.	51 Cedar :	Hill Vince George	or county) (Stata)
Agas, 7, 1951 Coffee	16	Root. a. Rumphrey Bethe	ADDRESS



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3625

Reg. Dist. No..

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.	
MARYLAND MARYLAND	STATE mary bund COUNTY da	reall
OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give near	est town)
TOWN give nearest town) Leumare (in this piace)	TOWN / Ley mar	
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	
STREET ADDRESS	ADDITEGO	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Cla Edua (Moons DEATH Opril 23	3 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED	8. DATE OF BIRTH 9. AGE last birthday If under I year	If under 24 br
(Specify) married	Oct 11, 1879 71 /rs. Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR done during most of working life leven if retired) INDUSTRY		ZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	COUNTY	247
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME,	
Thomas Otto	Potherine Himea	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND, ADDRESS	\ A
(Yes, no, or unknown) (If yes, give war or dates of service)	Geo W. Koons Keymar.	ma.
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		EVAL BETWEEN
Or Control of the Con		THE PARTY
Immediate cause (a) Cerebia	e pellonare	
a to IV Automatera according	. 10 . 0	
33/X Antecedent cause(s) Diseases or conditions, if any, (b)	d deleroses.	
giving rise to the above cause		
630 stating the underlying cause last		
11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 20	AUTOPSY?
TOO, MILLS OF OR MANAGEMENT OF THE STATE OF		
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,		(STATE)
SUICIDE OF office bldg., etc.)	(0221 037 10 1137)	(SIRIL)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While	,	
INJURY m. Work At work	0.0	
22. I hereby certify that I attended the deceased from	1951, to 6 195, that I last saw th	e deceased
alive on 1911, 1911, and that death occurred at	ADDRESS no., from the causes and on the date stated a	bove.
SIGNATURE! (Degree or title)	ADDRESS .	TE SIGNED
1. (Talan III)	Alling Vresca 4.	-23551
23. BURIAL, CREMATION DATE THEREOF / NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, of county)	(State)
REMOVAL (Specify) april 26, 1951 Itangle's	Vadilsburg	me
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		DRESS
OREG: 126, 1961 Common Westerna	lott YMAN Tom () (mulitary	one o
The state of the s	To allow the contract to the	TI PAIR



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No......

1. PLACE OF DEATH.		2. USUAL RESIDENCE (I	HOME) OF DECEASED.	
County	MARYLAND	STATE Marylan	d	UNTY
CITY (If outside corporate limits, write RUR OR give nearest town) Sykesvill		CITY (If outside corporation OR Baltimo	ate limits, write RURAL as re	nd give nearest town)
HOSDITAL OR	State Hospital	STREET ADDRESS	(If rural, give location	-
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) Abraham		KRAMER	OF DEATH April	18 1951
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday If u	
male white	WIDOWED, DIVORCED, (Specify) Single	1883	67 ?yrs. Mo	onths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, evon if retired)	10h. Kind of Business or Industry tailoring	Russia	r foreign country)	12. CITIZEN OF WHAT
13. FATHER'S NAME	Calloring	14. MOTHER'S MAIDEN	NAME	· massia
		unknown		
Unknown 15. Was Decrased Ever In U.S. Armed Forces	? 16. SOCIAL SECURITY No.	17. INFORMANT AND	ADDDESS	
(Yes, no, or unknown) (If yes, give war or dates		Records - Spri		Hospital
unknown laervice)	18. MEDICAL CE		11611014 - 04.00	Hospital
		RIFICATION		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
Immediate cause (a)	Secondary anemia		***************************************	l yr.
578× Antecedent cause(s) Diseases or conditions, if any, (b)	Chronic nephritis	w		10 months
giving rise to the above cause stating the underlying cause last (c)	Intestinal hemory	chage		?
II. OTHER SIGNIFICANT CONDITIONS				
Conditions contributing to the death but not related to the disease or condition causing deat	h. Mental deficie	encv		67 yrs.
19a. DATE OF OPERATION 19b. MAJOR 1	FINDINGS OF OPERATION			20. AUTOPSY?
				Yes 🗍 No 🛣
21. ACCIDENT (Specify) PLA OF HOMICIDE INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR 1	rown) (COU	
TIME (Month) (Day) (Year) (Hour) OF INJURY m,	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby certify that I attended th		, 19.48, to April	.17., 1951, that I la	ast saw the deceased
alive on April 17, 1951., and SIGNATURE Martin Gro	d that death occurred at 2		causes and on the da)
marin So	D. W. D.	,	arytanu	4/10/)1
23. BURIAL, CREMATION DATE THERE HEMOVAL (Specify) 4-19-	OF NAME OF CEMETE		LOCATION (Clay, town, or	o ma
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	4. FUNERAL DIRECTO	By L	ADDRESS
april 18, 1951 C. Harr	y Weer	talk Lewis	MC 21000	Maw 16
1	//			MANUNI



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3627

Reg. Dist. No.

1. PLACE OF DEATH	Carroll	MARYLAND	2. USUAL RESIDENCE (STATE Marylan		COUNTY Carroll
OR give Regress	orporate limits, write RURA PownWestminster	L and LENGTH OF STAY (in this place)	TOWN Rural,	Westminster	L and give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRESS	Glover Nurs SS Westminste	er, Md. R. D. 4	STREET ADDRESS Westm	(If rural, give looninster, Md. F	
3. NAME OF DECRASED (Type or Print)	(First) Sallie	(Middle)	(Last) Lawyer	OF DEATH	nth) (Day) (Year) 22/51 19
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 10/4/1871	79 yrs.	If under 1 year II under 24 hrs. Months. Days II ours Min.
done during most of v	ATION (Give kind of work corking life, even if retired) WORK RETIRED	10b. Kind of Business on Inpustry Her own home	Carroll Coun	ity, Md.	12. CITIZEN OF WHAT COUNTRY!
13. FATHER'S NAM	osiah Lawyer			Louise Bowman	a
15. Was Decrased Ev (Yes, no, or unknown)	VER IN U.S. ARMED FORCES (If year, give war or dates o	None	Informant and Sawy		ster, Md.
	ONDITIONS DIRECTLY	LEADING TO DEATH	RTIFICATION	s D	INTERVAL BETWEEN ONSET AND DEATH
3 34X Immediate Anteceder	e cause (a)	cere	blal orig	m	72
giving rise to	conditions, if any, (b) the above cause inderlying cause last	A		<u> </u>	
Conditions contribu	CANT CONDITIONS uting to the death but not se or condition causing deatl	h.	1 1111		20 00 00 000000000000000000000000000000
		INDINGS OF OPERATION			20. AUTOPSY? Yes □ No □
21. ACCIDENT SUICIDE HOMICIDE	OF INJU		(CITY OR	Ca	OUNTY (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby certi	10 11	e deceased from de An.	- x U		I last saw the deceased
alive on SiGNATURE	selvilk	d that death occurred at	ADDRESS	noter	Md 4/22/51
23. BURIAL, CREM REMOVAL (Spec Buris)	h/2h/5	1 St Marys	Union Cem.	Silver Run,	Carroll Co, Md.
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	n Littlesto	ADDRESS own, Pa.
		4	Per. Ra	Activel	

BUREAU V. S.

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

3628

Reg. Dist. No.76

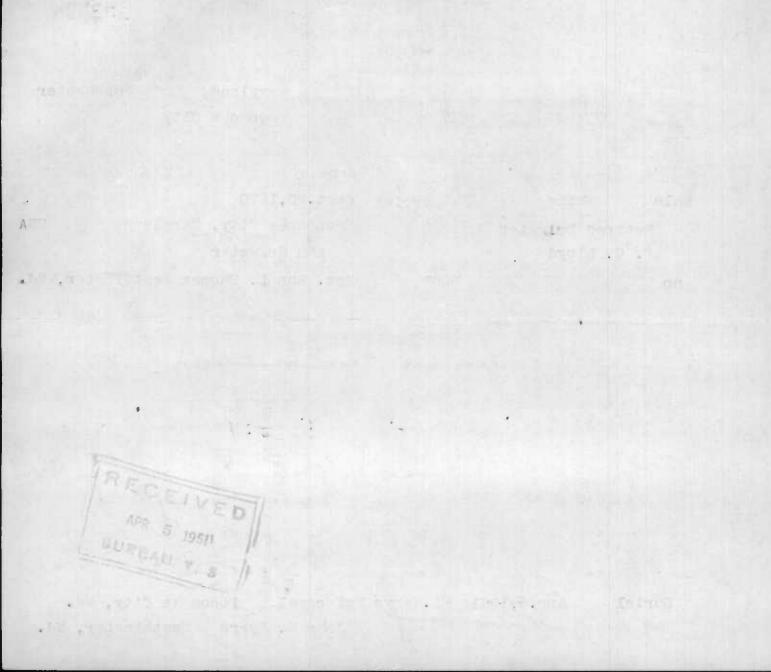
as I		
Th	1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.
٠. ا	MARYLAND	Marviand Worchester
Supply every item of information carefully write the causes of death clearly and legibly.	CITY of outside corporata limits, write RURAL and LENGTH OF STAY (in this place)	CITY (If outsida corporate limits, write RURAL and giva nearest town) OR TOWN POCOMORE City
ege	Agspital dr	STREET (If rurai, give location)
n c	INSTITUTION OR STREET ADDRESS	ADDRESS
tio y a	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
na	Type or Print) FRANKLIN	LLOVI) OF DEATH Office 4 1951
cle	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATH OF BIRTH 9. AGE last birthda If under I year If under 24 hrs.
inf	Male White WIDOWED DIVORCED, (Specify) Married	Sept. 20, 1870 Fo yrs. Months Days Hours Min.
of	10a. USUAL OCCUPATION (Give kind of work) 10b. Kind of Business or done during most of working life, even if retired). INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT POCOMONE C1 ty Many land Country? COUNTRY? IICA
E	Retired Driggist	FOCOMORE CITY, Mary land
ite	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ry us	C. C. Lleyd	Ann McMaster
Ca	15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT
ly e	(Yes, no, or unknown) (If yes, give war or dates of none service)	Mrs. Ann L. Thomas Westminster, Md.
pp	18. MEDICAL CE	ERTIFICATION INTERVAL BETWEEN
Su	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	Tuncher we	areinomatoria
V.K.	Immediate cause (a)	
10	78// Antecedent cause(s)	
DS:	Diseases or conditions, if any, (b) attourned C	selenouslaris)
Z is	6 giving rise to the above cause stating the underlying cause last	
WITH UNFADING INK.	(c)	
Ph	II. OTHER SIGNIFICANT CONDITIONS	
5.	Conditions contributing to the death but not related to the disease or condition causing death.	
H	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Eti		Yes No Z
WI	21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF Office bldg. etc.)	(CITY OR TOWN) (COUNTY) (STATE)
	PRIMARY FOR CONTRIBUTING OF office bldg. (c.)	Welmente Garrill Net
L S	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
IN	OF INJURY Africe 4 51 643 While at work at work	Trushed - Seef emplicated
RDe		Automorphism [4] Transient Fill become and from the suidence
S e	22. I certify that I took charge of the remains described above, held an I	Autopsy , Inspection , Inquiry Thereon and from the evidence eased died on the day stated above, and death in my opinion resulted
四	from: natural causes [], accident [], suicide [], homicide [],	undetermined \(\sigma\).
Ε	SIGNATURE (Degree or title)	ADDRESS / DATE SIGNED
WRITE PLAINLY is especially	James Tharah Route redeal beau	nine Westerwich Med 4/4/5,
SE	23. BURIAL, CREMATION DATE THEREOF NAME OF CEMATE	CRY OR CREMATORY LOCATION (City, town, or county) (State)
Y.	Burial Apr. 6, 1951 St. Marks	Episcopal Pocomoke City, Md.
PLEA	DATE REC'D/BY, LOCAL REGISTBAR'S SIGNATUR	24. FUNERAL DIRECTOR ADDRESS
Ъ	REG. 4 4 MI HOUSE	John R. Byers Westminster, Md.

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2411 N. Charles Street, Baltimore

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

GERTIFICAT	E OF DEATH	Reg. Dist. No.
I. PLACE OF DEATH- COUNTY MARYLAND CITY (If oddide corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (if this, place)	2. USUAL RESIDENCE (HOME) OF DISTATE CITY (If outside corporate limits, write OR	COUNTY Cerroll
TOWN Mesprender about 30 yrs HOSPITAL OR INSTITUTION OR STREET ADDRESS 3/ Westweelend St.	TOWN Was muss	legive location)
3. NAME OF DECEASED (Type or Print) LEUI DAVID	MAUS 4. DATE OF DEATH	(Month) (Day) (Year) April 13 18/
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business of	8. DATE OF BIRTH 9. AGE last bi	yrs. Months. Days Hours Min.
don-during most of coring life, even if ratired) 13. FATHER'S NAME	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	14011 0111	TELIUS
(Yes, no, or unknown) (If year, give war or dates of >16-22-1921)	Mr. Ralph Yealey.	Westmenty my
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Uremia 4 Conditions	palete Heart Blog	INTERVAL BETWEEN ONSET AND DEATH # Along
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	tensine Cardiovascular	Rual Design 30415.
	a Prostate	Known 1 yr.
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes □ No Ø
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not Work At work	HOW DID INJURY OCCUR?	
22. I herehy certify that I attended the deceased from July	, 1949, to 13 Apr, 195/	, that I last saw the deceased
alive on 3/197, 192, and that death occurred at 3/197 (Degree or title)	westwinster	med 4/14/5/
DATE REG DAY LOCAL REGISTRAR'S SIGNATURE	PART OR CREMATORY LOCATION (C)	ty, town, or county) (State) Westmann ADDRESS
- 1/11/4/4/	> > requal	LANGE THE THE



2411 N. Charles Street, Baltimore

correct age

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

Reg. Dist. No.

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
MOENTY ROSE, MARYLAND MARYLAND	1. STATE HOME, FREDERICK COUNT	CA.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
OR give pearest town OF MO g (in this place)	TOWN FREDERICK, MD	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS	
	"	
TO MICHAEL COMPANY	(Last) 4. DATE (Month)	(Day) (Year)
	TONY HA DEATH 4	27 105/
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specily)	8. DATE OF BIRTH 9. AGE last hirthday If under Months.	I year If under 24 hrs. Days Hours Min.
10s. IISHAT, OCCUPATION (Give kind of work 18h. KIND OF BUSTNESS OF	1 14 DVD milion 1 mm	2. CITIZEN OF WHAT
Renord of warking life, even if rethed INDUSTRY MER	CARROLL CIUNTY, MOD	COUNTRE?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
CHRISTIAN MONATA	CATHERINE KRENTZE	FR
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (H year, give war or dates of RUNE	WESLEY MONATA, MEL	RISE W.D
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION	INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	71 .	ONSET AND DEATH
Immediate cause (a) Cononary	Musmboses	1 lhr
Immediate cause		
420, (Antecedent cause(s)		
Diseases or conditions, if any, (b)	levore	
940/ giving rise to the above cause		
stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death hut not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
		20. A010(31)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	: (CITY OR TOWN) (COUNTY)	Yes No
SUICIDE OF office hldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY	The same are a same as a same a same as a same as a same as a same a same a same as a same as a	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	let.
INJURY m. Work At work		Ä
0.1.6	40 an '027 -1	
22. I hereby certify that I attended the deceased from July 6	, 19, to, 19, that I last s	aw the deceased
aline on April 23 195 and that double some of at	10:55 A.m., from the causes and on the date st	
SIGNATURE (Degree or title)	ADDRESS	
	, , ,	DATE SIGNED
W. H. Hound M. D.	Marchester, Md.	1/27/5/
DEMOVA! (Consider)	ERY OR CREMATORY LOCATION (City, town, or coun	ty) (State)
BEMOUNT SPORT PPRIL, 29,1951 MMANUEL	LUTHERAN MANCHESTER	n)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDBESS
ORG: 58/1 Pma. L. R. Denner	THE Eleterson & An har	10.00 H W/ D
The Market of the Control of the Con	Mill. non - trongal	enco, in a



PLEASE

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3631

CERTIFICATE OF DEATH

Reg. Dist. No. /C

1. PLACE OF DEATH. COUNTY CARVOLL MARYLAND	STATE Waveland COUN'	TY Carnell
OR give nearest toyal M an Letter (in this place)	CITY (If outside corporate limits, write RURAL and a TOWN Manufactor (R	give nearest town)
HOSPITAL'OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS Melvore (If rural, give location)	
3. NAME OF DECRASED (First) (Middle) (Type or Print) William It CNTY	MONA H DATE (Month) OF DEATH Append	(Day) (Year) 23 195/
S. SEX Male 6. COLOR OR RACE 7. SINGLE, MARMED, WIDOWED, DIVORCED, (Specily) Marvine	Nov 23-1872 78 yrs. Month	er I year If under 24 hrs. S. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of vorking life, even if retired) Industry Lipustry Lip	11. BIRTHPLACE (State or foreign country) Correll County Maryland	12. CITIZEN OF WHAT COUNTRY?
13. PATHER'S NAME Wonath	Catherine Kren	tner
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no or unknown) (If year, give war or dates of 220-16-3366	Wesley monath man	Thester 41
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cerebra	I Hemowhage	link
Antecedent cause(s)	0	2
(Inter-	luga -	1 Jugan
Diseases or conditions, if any, (b)	enoni	2 yours
Diseases or conditions, if any, (b) So stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	enoni	13 yrs
Diseases or conditions, if any, (b)	enous	20. AUTOPSY? Yes \(\) No \(\)
Diseases or conditions, if any, (b)	(CITY OR TOWN) (COUNT	Yes No No
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY	Yes No No
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF OFFICE CONTROL OF While at Not While	HOW DID INJURY OCCUR?	Yes No No Y) (STATE)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c). II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specily) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Work At work	HOW DID INJURY OCCUR? 1948, to april 23, 195/, that I last	Yes No No (STATE)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY TIME (Month) (Day) (Year) (Hour) While at Not While Work At work At work Cause alive on Capacil 22, 195, and that death occurred at SIGNATURE W. A. Formal 22, 195, and that death occurred at	How DID INJURY OCCUR? 1948, to april 23, 195/, that I last 4. Q. m., from the causes and on the date ADDRESS Marchester ud april 24	yes No STATE) saw the deceased stated above. DATE SIGNED
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY TIME (Month) (Day) (Year) (Hour) While at Not While Work At work 22. I hereby certify that I attended the deceased from At work SIGNATURE (Degree or title) W. A. O. 23. BURIAL, CREMATION DATE (NAME OF CEMETE OF CEMETE) REMOVAL (Specify) 4-25-5/ Rux Hours	HOW DID INJURY OCCUR? 1948, to april 23, 195/, that I last 4 D. m., from the causes and on the date of the date	yes No STATE) saw the deceased stated above. DATE SIGNED
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE HOMICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) While at Not While Work At work 22. I hereby certify that I attended the deceased from sign and that death occurred at SIGNATURE W	HOW DID INJURY OCCUR? 1948, to april 23, 195/, that I last 4 D.m., from the causes and on the date of the causes are date of the causes and on the date of the causes are date of the causes and on the date of the causes are	yes No STATE) saw the deceased stated above. DATE SIGNED SIGNED (State)



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

T DI LOR OR DELEN	T.		d a Hour Brouneway	HOME OF DECIME	70.	
1. PLACE OF DEATH- COUNTY Carroll MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED. STATE COUNTY			
CITY (If outside or	orporate limits, write RUR	MARYLAND AL and LENGTH OF STAY	CITY (If outside corpor	ryland	I. and give ne	erest town)
OR give nearest	town) Henryton	13(indthis splace)	OR TOWN Balti	more 17		ment cown,
HOSPITAL OR INSTITUTION OF STREET ADDRES	HENRYTON S	STATE HOSPITAL	STREET ADDRESS 1115	(If rural, give lo N. Callhoun S		/
3. NAME OF DECEASED (Type or Print)	(First) BUDDY	(Middle)	(Last) NELSON	OF DEATH Apr		ay) (Year) 19 5]
6. sex	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	March 2,1892	9. AGE last birthday 59 yrs.	If under 1 year Months Day	ur If under 24 hrs
IOa. USUAL OCCUP.	ATION (Give kind of work working life, even if retired)	10b. Kind of Business on Industry Ambassador Apt.				
13. FATHER'S NAM			14. MOTHER'S MAIDEN			
	VER IN U.S. ARMED FORCES (If yes, give war or dates (service)		Deceased	ADDRESS		
		IS. MEDICAL CE	RTIFICATION		1	
L DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH				TERVAL BETWEEN
11 223333020 014 00			-71			
Immediate	e cause (a)	Pulmons	ry Tuberculosis	3	M	arch, 1951
Antonodor	it cause(s)					
Diseases or o	conditions, if any, (b)		**************************************	16 to make damme to option to to the proper or manager or manager to a question of the color of	70.00.000.000.000.000.000.000.000.000.0	
136 giving rise to	the above cause inderlying cause last					
C ORUGE AVAILABLE	(c)					
Conditions contribu	CANT CONDITIONS iting to the death but not se or condition causing deat	:h.				1
		FINDINGS OF OPERATION			20	AUTOPSY?
					Y	les No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR	TOWN) (C	COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CCUR?		
			00 - 61 4 - 13	F		
22. I hereby certi	ify that I attended th	e deceased from March	23 1951, to APT11	2.9, 19.2.4., that	I last saw	the deceased
alive onAr	oril 5 , 19.51, an	d that death occurred at	10:10 P.m., from the	e causes and on the	date stated	above.
Elenn	1. Sun	MA	Henryton, Mar			4-5-51
23. BURIAL, CREM	(ily) 4/10/5	1 mr Calve	eur anc	Bearing (City, town	a year	(State)
DATE REC'D BY REG. 4-5-51	LOCAL REGISTRAR'S	2 Sarahhan	ELOW D. W	Plane 1000	Bran	DUBESS WE
	De	eputy Local	· ·	ri	01.621	0

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consistence is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15 (-



2411 N. Charles Street, Baltimore

3633

CERTIFICATE OF DEATH

Reg. Dist. No. 70

i. PLACE OF DEATH- COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (I	nd cg	PYSY1
CITY (If nutside corporate limits, write RURAI OR give marget nown) Harney Md.		CITY (If nutside carpar OR TOWN Rural H	ate limits, write RURAL arney MD.	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Taneyytown M	d.	STREET ADDRESS Taney	(If rural, give loca town Md.	tinn)
3. NAME OF (First) DECEASED (Type nr Print) Dewey	(Middle) Appleton	(Last) Orner	4. DATE (Mont OF DEATH Apr	il 29 1951
Male White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	s. DATE OF BIRTH July 20 1898	3-2 yrs. 1	funder 1 year 1 funder 24 hrs fonths Days Hours Min.
done-during must of working life, even if retired)	10b. Kind of Business on Unitary Factory	Abline Kansa	S	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
Simon S. Orner 15. Was Deceased Ever In U.S. Armed Forces? (Yes, nn, nr unknnwn) (If yes, give war or dates of service)		Mary Deatri	Unes Taney	town Md.
	18. MEDICAL CE			1
I. DISEASES OR CONDITIONS DIRECTLY L	EADING TO DEATH	_ //		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Chronic Myor	arditis with:	lecompensati	n 8 merit
120, Antecedent cause(s)	Chronic Myor Coronau	00	1	Lua
Diseases nr conditions, if any, giving rise tn the ahnve cause	Comman	1 & aus 1	\sim	
stating the underlying cause last				
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not				
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FI				20. AUTOPSY?
				Yes No 🗗
SUICIDE OF INJUR		(CITY OR		UNTY) (STATE)
OF	NJURY OCCURRED While at Nnt While Work ☐ At work ☐	HOW DID INJURY OC	CUR?	
22. I hereby certify that I attended the	deceased from April 1	5, 1949, to april 6	9, 1951, that I	last saw the deceased
alive on agund 28, 1951, and	\1	M.		
SIGNATURE	(Degree or title)	ADDRESS	Cadaca and on the d	DATE SIGNED
L. R. Jotter	m.D.	Littlestown,	Va	4-29-51
23. BURIAL, CREMATION DATE THEREOF REMOVAL (Specify) May 2 195	Evergreen		COCATION (City, town, Gettysbu:	
DATE REC'D BY LOCAL REGISTRAR'S ST	IGNATURE ()	24 FUNERAL DIRECTO	R	ADDRESS
affil 30,1951 9 thel 7	n Melining (Multonso		tysburg Pa.

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MARIAN V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY Carroll MARYIAND			OR Defeatement			
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN FINKS OUTS HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET ADDRESS						
		STREET ADDRESS Main St.		on)		
3. NAME OF DECEASED (Type or Print)	(First) Susan	(Middle)	Pfeffer	4. DATE (Month) OF APTI	1 3,1951 19	
Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 1118 1	Mar.10,1864	9. AGE last birthday If u Mo	onder I year If under 24 hr onths Days Hours Min.	
done during most of	ATION (Giva kind of work working life, aven if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Baltimore		12. CITIZEN OF WHAT	
George			Catherine			
15. WAS DECEASED E (Yes, no, or unknown) NONE	OVER IN U.S. ARMED FORCES (If yes, give war or dates of servica) NONE	? 16. SOCIAL SECURITY NO. None	Mrs. Hannah M	.Pfeffer,Reis	sterstown	
Diseases or giving rise t	nt cause (s) conditions, if any, to tha above cause underlying causa last	Eerebral H Hyportens	we arterio	sclinte lar diseas	shra,	
Conditions contrib related to tha disas	(c) ICANT CONDITIONS uting to the death but not ass or condition causing deat					
19a. DATE OF OPE	ERATION 196. MAJOR F	FINDINGS OF OPERATION			20. AUTOPSY7	
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACOF	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR	TOWN) (COUN		
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED Whila at Not While Work At work	HOW DID INJURY OF	CCUR?		
	- 3 , 1951, an	d that death occurred at (Degree or title)		e causes and on the dat		
23. BURIAL, CREM REMOVAL (Spe- Burial DATE REC'D BY	April 6	NAME OF CEMETE	CRY OR CREMATORY	LOCATION (City, town, or Reisterstown		
REG. 4-5	al Hom	13. ELINE	J.F. Eline &	Sons, Reister	stovn, Md.	
	dre a	Coodward		72	10126	

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

VS. A15



The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

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eg. Dist. No. 74

1. PLACE OF DEATH.		2. USUAL RESIDENCE (HOME		v
Carroll	MARYLAND		COUNTY	
CITY (If outside corporate limits, writ	e RURAL and LENGTH OF STAY	CITY (If outside corporate lim	its, write RURAL and giv	ve nearest town)
OR give nearest town) Henryt	ton 6mths.5days	TOWN Baltimote	e 1.	
		STREET	(If rural, give iocation)	/
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTO	N STATE HOSPITAL	Address 856 Lemmon	Street	
3. NAME OF (First)	(Middle)	(Last) 4.]	DATE (Month)	(Day) (Year)
DECEASED	POF		DEATH Apr.	(
(Type or Print) JAPANO 5, SEX 6. COLOR OR R.	ACE 17. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AC	DEATH Apr., E last birthday If under	I vest Iffunder 24 hrs
76.7	WIDOWED, DIVORCED,		Months I	Days Hours Min.
102 USUAL OCCUPATION (Give kind o	(SpecifyMarried	October 16,1929 11. BIRTHPLACE (State or foreign	on country) 12	CITIZEN OF WHAT
done during most of working life, evon if re	etired) INDUSTRY Truck driver	The state of the s		COUNTRY?
Laborer 13. FATHER'S NAME	1 Truck driver	ocky Mount, N.Ca	rollna -	
James Pope S	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDI	mer eres	
(Yes, no, or unknown) (If yes, give war or	dates of		LESS	
NO service)	214-28-8082	l Deceased		
	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRE	CTLY LEADING TO DEATH			ONSET AND DEATH
	Dulmanon: T	habanaul agis		7050
Immediate cause	(a)Pulmonary T	uberculosis		Apr.,1950
Antecedent cause(s)				
Diseases or conditions, if any,	(b)	***************************************		10 00 00 00 1000mm000mmmmmmmmmmmmmmmmmm
giving rise to the above cause stating the underlying cause last				
and the state of t	(c)			
II. OTHER SIGNIFICANT CONDITION	ONS .			
Conditions contributing to the death hurelated to the disease or condition causi	at not			
19a. DATE OF OPERATION 19b. M.				1 20. AUTOPSY?
21. ACCIDENT (Specify)	PLACE (Home, farm, factory, street,	: (CITY OR TOWN) (COUNTY)	Yes No (STATE)
SUICIDE	OF office bldg., etc.)	(OZZZ OZZ ZO (VA)	(0001111)	(OINIL)
HOMICIDE TIME (Mooth) (Day) (Year) (I	INJURY Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?		
OF	While at Not While	11011 212 11100111 000011		
INJURY	m. Work At work	1		
22. I hereby certify that I attend	led the deceased from Oct 19	1950 toApr24	19 51 that I last a	aw the deceased
alive on Apr. 24, 1957	and that death occurred at	:50 A.Mm., from the caus	es and on the date st	ated above.
SIGNATURE //	(Degree or title)	ADDRESS		DATE SIGNED
Jolen It Sa	Han M. A. Han	ryton, Maryland	1	/24/51
and the same			FION (City, town, or count	1 1 0
23. BURIAL, CREMATION DATE T REMOVAL (Specify)			ION (City, town, or count	(State)
Isulax.	27/51 Kocky		roun C	croting
DATE REC'D BY LOCAL REGIST REG. 4/24/51	RAR'S SIGNATURE	24. FUNERAL DIRECTOR	1 1 /1	ADDRESS W. Barrow
4/24/22 1666	est/Linanthair	1. Joseph a-1	welly-001	W. Berrell
De	eputy Local	V /	1 9-	0526

BUREAU V. S.

Silver!

REG.

Reg. Dist. No.

COUNTY CITY (If outside corporate limits, write RURAL and give nearest town) (If rural, give location) (Day) (Year) April 151 9. AGE last birthday | If under 1 year | If under 24 hrs Months Days Hours Min. 12. CITIZEN OF WHAT United States Records - Springfield State Hospital INTERVAL BETWEEN ONSET AND DEATE more than vrs. more than 3 vears more than 6 weeks more than vears. 20. AUTOPSY? Yes | No (COUNTY) (STATE)

DATE SIGNED

DATE REC'DABY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS

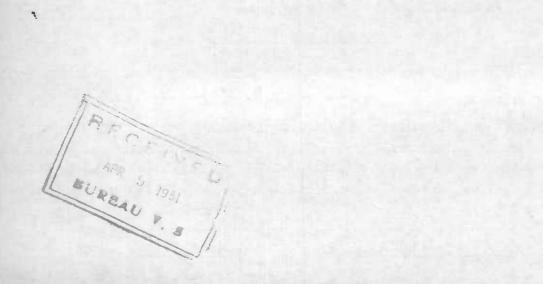
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH- COUNTY			2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY				
	Carroll	MARYLAND	Maryla	na			
CITY (If outside corporate limits, write RURAL and OR give nearest town) Henryton Length OF STAY (in this place) 20 days			or Town Baltimore-30				
HOSPITAL OR INSTITUTION O STREET ADDRE	R HENRYTON ST	TATE HOSPITAL	STREET ADDRESS 425 S	(If rural, give locate. Paca Street	tion)		
3. NAME OF DECEASED (Type or Print)	(First) GLORIA	(Middle)	(Last) ROBINSON	4. DATE (Mont) OF DEATH April	L 3 19 51		
5. SEX Female	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	Sept. 8,1927	9. AGE last birthday If M	under 1 year II under 24 hrs. Days Hours Min.		
done during most of	ATION (Give kind of work corking life, even if retired)	10b. Kind of Business or Industry Night Club	Richmond, Vi	rginia	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAM	John Robinson		14. MOTHER'S MAIDEN NAME Lizzie Green				
15. WAS DECRASED E (Yes, no, or unknown)	VER IN U.S. ARMED FORCES? (If year, give war or dates of service)	16. SOCIAL SECURITY No. 220-22-5031	17. INFORMANT AND Sister-Maggie	Address Banks-425 S.	Paca St.		
I. DISEASES OR CO	ONDITIONS DIRECTLY I				INTERVAL BETWEEN ONSET AND DEATH		
Antecede	nt cause(s) conditions, if any, (b)	elleusuzites The Juliusuary The	Pott's disease	٤	3 months		
17 0_ giving rise t	to the above cause underlying cause last						
Conditions contrib	ICANT CONDITIONS uting to the death but not use or condition causing death	1.					
		INDINGS OF OPERATION			20. AUTOPSY?		
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR	rown) (Cot	UNTY) (STATE)		
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?			
22. I hereby cert	tify that I attended the	deceased from Mar. 14	, 1951 , to April	3, 19.51, that I	last saw the deceased		
alive onAT	oril 3 , 1951 , and	d that death occurred at	1:00 P.m., from the	causes and on the da	ate stated above. DATE SIGNED		
Elmi 1	Jann	M N	HENRYTON, MD		4-3-51		
23. BURIAL, CREA	1//3	1 Western &	ten V.	Bette Calour	ville mid		
PDATE REC'D BY REG. 4-3-51		SIGNATURE	24. FUNERAL DIRECTO	Corper 512	Carrelland		
	De	eputy Local		00195	a Balta md.		



11.50

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

0			7
Pho /	1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED	
/.	MARYLAND MARYLAND	STATE manyland COUNT	arrice
5.5	CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give OR	ve nearest town)
egit.	HOSPITAL OR	STREET (If rural, give location)	laryland
d le	INSTITUTION OR STREET ADDRESS	ADDRESS (If that, give location)	0
an	3. NAME OF (First) (Middle)	(Last) , 4. DATE (Month)	(Day) (Year)
rely	(Type of Print) Lizzie Rate Ro	hr baugh DEATH april	. 14 1951
cles	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BORTH 9. AGE last birthday If under	1 year ilf under 24 hrs
th	Temale While (Specify) Wednesd	1 Van 27,100/1 0 - yrs.	Days Hours Min.
of information carefully death clearly and legibly.	done during most of working life, even if retired) LADESTRY	11. BIRTHULACE (State or foreign country)	COUNTRY?
item es of	13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	W.5A
	Elin & Houck	alice & Illerto	
every e caus	15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	1
the the	(Yes, no, or unknown) (If year, give war or dates of service)	The Ray Warnen - Linet	oro - Md.
oply te t	18. MEDICAL CE	PTIEICATION	1
Suppl			INTERVAL BETWEEN ONSET AND DEATH
	Immediate cause (a) arterioscle	notice Heart Persone	3 was
INK. please			J
D ::	420,0 Antecedent cause(s)		
UNFADING t. Physicians:	Diseases or conditions, if any, (b)	\$2000 11 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
AD	stating the underlying cause last (c)		
Ph	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		77 TO STATE OF THE
Et.	related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1 00 4 Umo Dove
H	138. DATE OF OLEKATION 138. MASON PINDINGS OF OLEKATION		20. AUTOPSY?
LAINLY, WITH U especially important.	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
PE	SUICIDE OF office bldg., etc.) HOMICIDE INJURY		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
E C	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
IN ecis	INJURY m. Work At work		
PLAINLY s especially	22. I hereby certify that I attended the deceased from June	1950 to april 195/ that I last s	aw the deceased
	alive on april 12, 195/, and that death occurred at //		
WRITE	signature (Degree or title)	ADDRESS	ated above. DATE SIGNED
V.R.	11.25 France 11 D	man la to us an	1. 11/ 100
	23. BURIAL CREMATION DATE / NAME OF COMMETE	BY OR ORDER TORY LUCATION (City town or come	ac 16, 173/
PLEASE	REMOVAL (Specify) 4/17/51 Lanas		(State)
E	DATE REC'D BY LOCAL A REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
PI	REG. 4/16/51 Mrs. ht. Deune	of Suffe Hon	Glen Rock
		Der. Der. Steikle	1

y. The correct age

MARGIN RESERVED FOR BINDING

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The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3639

1. PLACE OF DEAT	.H.		2. USUAL RESIDENCE (SED.	rv	
Carroll MARYLAND Maryland Mc				Mon	tgomery		
OR give neares	corporate limits, write RUR. Henryton	LENGTH OF STAY (in this place) 6months	CITY (If outside corpor OR TOWN CCKV1		RAL and g	rive neare	st town)
HOSPITAL OR INSTITUTION O	R		STREET ADDRESS	(If rural, give	location)		
STREET ADDRE	ess Henryton St	ATE HOSPITAL	E. Mi	ddle Lane			V.
3. NAME OF DECEASED (Type or Print)	(First) LOUIS	(Middle) LEO	(Last) SEWELL	NO PR	Month) pril	(Day)	(Year) 19 5]
6. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	S. DATE OF BIRTH July 14.1929	9. AGE last birthds	y If unde Months	T 1 year Days	If under 24 hre Hours Min.
10a. USUAL OCCUI	PATION (Give kind of work working life, even if retired)	10b. Kind of Business or Industry Farm	11. BIRTHPLACE (State Rockville,	or foreign country)		12. CITIZ COUNTE	EN OF WHAT
13. FATHER'S NAM		1 01111	14. MOTHER'S MAIDEN				
Frank Se	well		nelen .				
15. Was DECRASED I (Yes, no, or unknown)	Ever In U.S. Armed Forces (If yes, give war or dates (service)	? 16. SOCIAL SECURITY No. 214-28-4389	17. INFORMANT AND Deceased	ADDRESS			
		18. MEDICAL CE	RTIFICATION			1.	
I. DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH				ONSE	T AND DEATH
Immedia	te cause (a)		lmonary Tubercu	losis		Ju	ly,1950
	ent cause(s) conditions, if any, (b)	Tbo	. Meningitis				
giving rise	to the above cause underlying cause last		the a thin some state and the state of the s	8 0 3 7 0 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		20 to 60 to 00 to	0000 000 00000 mg/mgs 6 665 6 66 6 66
Conditions contrib	(c) TCANT CONDITIONS putling to the death but not ase or condition causing deat					Ì	
		INDINGS OF OPERATION				1 20. 4	UTOPSY1
						Yes	□ No □
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR	TOWN)	(COUNTY		STATE)
	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CURT			
22. I hereby cer	tify that I attended the	e deceased from Oct.,5,	, 1950 , to April	5 , 19.51 , th	at I last	saw the	e deceased
alive on Ap	ril 5. 09.51, an	d that death occurred at	9;10.A.m., from the	causes and on t	he date s	tated a	bove.
Hound	Jew M.	h He	nryton, Marylan	d _		1/5/5	1
23. BURIAL, CREA REMOVAL (Spe	city) 4-8-	NAME OF CEMETE	Par (CEMATORY	ROCK I 16			(State)
DATE REC'D BY REG. 4/5/5	LOCAL REGISTRAR'S		24. FUNERAL DIRECTO	OR CT	s de	ADI	ORESS
	Deputy	Logal		820100	Loc	7	ele ma

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

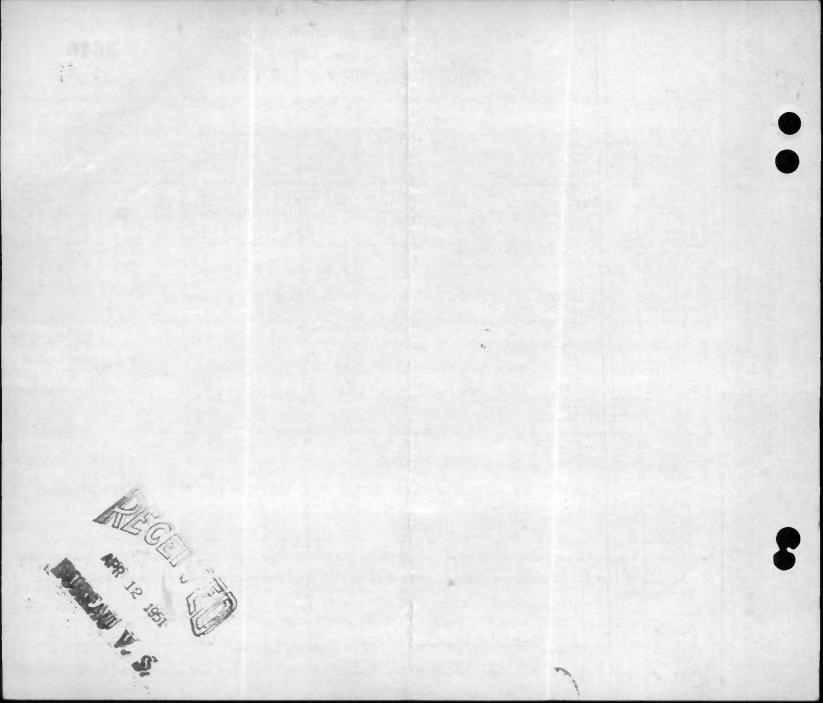
VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY Carroll Co. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	York
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN Red Lion	nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS 123 W. Broadway	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) ((Day) (Year)
DECEASED (Type or Print) Elizabeth Jane	Shettel OF DEATH Abr.	0 1951
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED,	8. DATE OF BIRTH 12 - 28 - 1869 9. AGE last hirthday If under I y Months D yrs.	year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. Co	CITIZEN OF WHAT DUNTRY? U. S. a
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME MOALL CA	
Lewis Clowe	1 may w	LOWYU
15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS	
	DOMESTICA MICON	
18. MEDICAL CE I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) artery - Selin	lie C-V. Discore & Hypertoning	8400
	Throntois "	18 hrs
930 giving rise to the above cause stating the underlying cause last		
(e)		*
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
	261.1	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.	HOW DID INJURY OCCUR?	
	1010 1 101 11	
22. I hereby certify that I attended the deceased from	19 948 to 4 10 1, 1957, that I last saw	
alive on 4 1951, and that death occurred at	ADDRESS and on the date stat	ed above. DATE SIGNED
maurie C. Fortinfierd m. D	HAMPSTEAD, Md 4	-10-51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) (Removal 2)	Lette, cen Euneberland Co.	(State)
DATE REC'D BY LOCAL ECGISTGAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
The state of the state of the	The same with the same that	-



-	5)	/
	4.	
	carefully	d legibly.
	formation	clearly and
	of in	death
	item	ses of
	every	e caus
	pply	ite the
	Su	WT.
	INK.	please
	E WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully.	tant. Physicians: please write the causes of death clearly and legibly.
	O H	tant.
7	WIT	mpor
	PLAINLY.	is especially important.
1	WRITE	0 304
1	国	

Evidence for addition MARYLAND STATE DEPARTMENT OF HEALTH in 18 shown on:

2411 N. Charles Street, Baltimore

132 APR 13 195 ERTIFICATE OF DEATH

I. PLACE OF DEATH COUNTY	Carroll	MARYIAND	2. USUAL RESIDENCE (HOME) OF DECEASED-COUNTYAdams		
CITY (If outside or	ornorate limite write RIIRA	MARYLAND Land LENGTH OF STAY			
OR give nearest TOWN	townRural # 4	o months	TOWN Fair	field	give nearest town)
HOSPITAL OR INSTITUTION OF	near Leis	sters Church	STREET ADDRESS	(If rural, give location)	<i>V</i> .
STREET ADDRES	313				
3. NAME OF DECEASED (Type or Print)	Charles	(Middle) Edward	Shulley	4. DATE (Month) OF April	(Day) (Year) 6 151
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH		er 1 year If under 24 hrs. is Days Hours Min.
Male	White	(Specify) SITIPLE	May 24.1941	9 yrs.	10 Comment on West
done during most of w	ATION (Give kind of work porking life, even if retired)	INDUSTRY	Gettysburg,	Pennsylvania	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN	NAME	
	Louis D. Shu	alley	Louise N	leedy	
15. WAS DECRASED EV	VER IN U.S. ARMED FORCES?	1 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
(Yes, no or unknown)	(If yes, give war or dates of service)	none	Louis D. Shu	alley Westmir	ster, Md.
18. MEDICAL CERTIFICATION					
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH	1	,	INTERVAL BETWEEN ONSET AND DEATH
		10 T. 10.0		.4	2 1 1
Immediate	e cause (a)	were rece	me ou	<u> </u>	Laogh,
Add V Antonian	A(-)				
Anteceden	ronditions, if any, (b)	Tuberculous	meningitis (4/	13/51 akc)	
giving rise to	the above cause	\sim \sim	<i>f</i>		
/ stating the u	nderlying cause last (c)	Chronic H	ylocapha	lus	10/2000.
Conditions contribu	CANT CONDITIONS uting to the death but not se or condition causing death		/		V
		INDINGS OF OPERATION			20. AUTOPSY?
100, 5.112 01 01 01					
21. ACCIDENT SUICIDE	(Specify) PLAC	CE (Home, farm, factory, street, office hldg., etc.)	(CITY OR 7	COUNT	Yes No Y (STATE)
HOMICIDE	INJU				
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CURT	
	ify that I attended the	deceased from 4/4	19 57, to 4/6	19 7, that I just	saw the deceased
Za. I neledy cold	7	/	. /		
alive on4	7 J , 19 1/, and	d that death occurred at	2 / from the	causes and on the date	stated above.
SIGNATURE	JO 0 6	(Degree or title)	ADDRESS	- + 1.	DATE SIGNED
1	Zhutu To	Lan, M.V.	Wisher	mude No	4/7/51
23. BURIAL, CREM.				OCATION (City, town, or co	unty) / (State)
REMOVAL (Spec	Indi Di Ti		T OCHE PETA	Fairfield,	Penna
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	John R. By		ADDRESS
7//	1/ 1/9	7-7-0	JOHN R. Dy	CIB WCGOMIL	ibuci, ma



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY Carroll	HOME) OF DECEASED.	Y			
CITY (If outside corporate limits, write RUF OR give nearest town) TOWN RUPAL - Syliesvil	(in this place)	Y C1TY (If outside corporate limits, write RURAL and give nearest town) OR			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfiel		STREET	(If rural, give location) innard St.	/	
3. NAME OF (First)	(Middle)	(Last)	DAMIN (N. O.)		
(Type or Print) Stanley	Wilson	Smith	4. DATE (Month) OF DEATH APPIL	(Day) (Year) 14 19	
Male White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Larred	May 18, 1893	9. AGE last birthday If under	1 year If under 24 hrs. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State o		2. CITIZEN OF WHAT COUNTRY? USA	
Plumber 13. FATHER'S NAME	Bothlehem Stee	Maryland 14. Mother's Maiden	NAME	AGO	
****	2				
Wilson	Smith	Mamie Di			
15. WAS DECRASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes, give war or dates		17. INFORMANT AND	ADDRESS		
servico)	Unkown	Hospital re	ecords		
	18. MEDICAL CE				
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a)_E	Bilateral fibro-	ulcerative pr	ılmonary		
X Antecedent cause(s)		tube	erculosis	Indefin	
Diseases or conditions, if any, (b)					
13 & giving rise to the above cause stating the underlying cause last			**************************************		
(c)	7	7			
Conditions contributing to the death but not related to the disease or condition causing dea		Mer		6 wks	
19a. DATE OF OPERATION 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?	
				Yes T No Ki	
SUICIDE OF	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN) (COUNTY		
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OC	CUR?		
INJURY m.	Work At work		7		
22. I hereby certify that I attended th	e deceased from July 7	, 1950 to April	14, 195%, that I last s	saw the deceased	
	nd that death occurred at 7.				
Heure I'M led	N VIIA	ykesville. No		4/7/1/57	
23. BURIAL, CREMATION DATE THERE REMOVAL Specify)	OF NAME OF CEMETER	RY OR CREMATORY I	OCATION (City, town, or coun	ty) (State)	
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	24) HUNERAL DIRECTO	Ralto. Md.	ADDRESS	
REG. 9/6/57 aa	Heduck	Wm. Ju	claver V Hare.	- (salta)	
	171	//	574721	11110	

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especially important.

PLAINL

WRITE

PLEASE

DATE REC'D BY LOCAL

REG.

REGISTRAR'S SIGNATURE

Deputy Loca.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

phousim. A. JACKSON- 916 PENNA.

Reg. Dist. No ...

ADDRESS

BAITO. 1. MO1, 970521

CERTIFICATE OF DEATH

1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY Carroll STATE Maryland MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town)
TOWN (in this place) Henryton Baltimore 17, TOWN HOSPITAL OR INSTITUTION OR STREET (If rural, give location) HENRYTON STATE HOSPITAL ADDRESS STREET ADDRESS 610 W. Lanvale St. 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED MELVIN (Type or Print) VALENTINE DEATH April 195] 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE last hirthday If under 1 year |If under 24 hre WIDOWED, DIVORCED, (Specify) Single Male Negro Months [Days | Hours | Min. May 11 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10h. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life, even if retired) Truck Driver COUNTRY? Northern, Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Kit Valentine Minnie Davis 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 17. INFORMANT AND ADDRESS (Yes, no, or unknown) | (If yes, give war or dates of Deceased -07-8909 18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Pulmonary Tuberculosis Oct., 1949 Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? PLACE (Home, farm, factory, street, OF office hldg., etc.)
INJURY Yes 🗆 No 🗆 21. ACCIDENT (Specify) (CITY OR TOWN) (COUNTY) SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at INJURY Work | At work 22. I hereby certify that I attended the deceased from Jana 11., 19.50., to April 25., 19.51, that I last saw the deceased alive on ... April .. 25, 19...51, and that death occurred at ... 6:30. P.a.m., from the causes and on the date stated above. SIGNATURE (Degree or Aitle) DATE SIGNED Mu Henryton, Maryland 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) BURIA (Precily)

BONDAN 22 1851 (ED))

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Em P. Sur. !

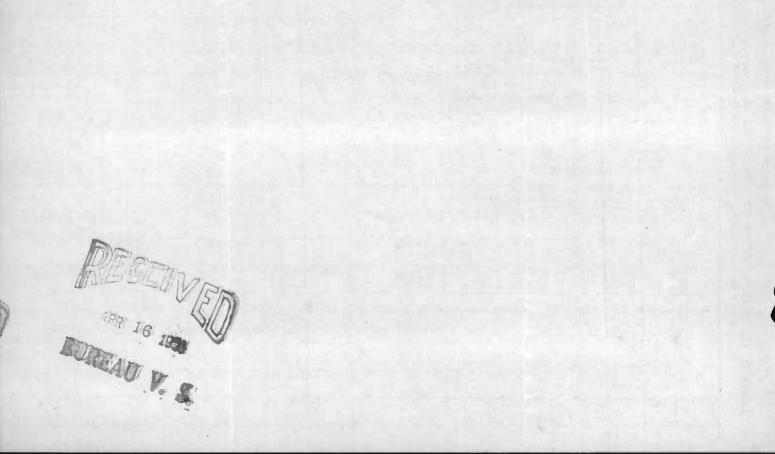
MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

I. PLACE OF DEATH-	2. USHAL RESIDENCE (HOME) OF DECEASED COUNTY
CITY (If openide corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR gius pearest town) in this place)	OR A- //
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS	ADDRESS
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) CURVEN - M. WE	13 5 1 E 17 DEATH CONT 1907
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MULLICED	8. DATE OF BIRTY 9. AGE last birthdad If under I year If under 24 hr. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life eyen if petired) Librogray	11. AIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thailes M webster	mutha & adams
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war of lates of	17. INFORMANT AND ADDRESS
service	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
18. MEDICAL CEI	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
Immediate cause (a) Wraemia	2 weeks
GOIX Antecedent cause(s)	· nonhandithing Ordens
Diseases or conditions, if any, (b) Diseases or conditions, if any, giving rise to the above cause	is Nephra Lithians 8 years
stating the underlying cause last	m 18 yems
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No E
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
	1936 to april 11, 1951, that I last saw the deceased
22. I hereby certify that I attended the deceased from	, 19. D, to, 19, that I last saw the deceased
alive on a 11, 19, and that death occurred at	/:m., from the causes and on the date stated above.
SIGNATURIO (Degree or title)	ADDRESS DATE SIGNED
Maurie C. Vartin find, M.D	Hampsters, ml 4-11-51
23. BURIAL, CREMATION DATE THE KEDF NAME OF CEMETE.	RY OF CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR ADDRESS
upril 13, 1951 John S. Hughes for	Color pron Hellipstead
	200 col Mg



2411 N. Charles Street, Baltimore

CERTIFICAT	TE OF DEATH Reg. Dist. N	0.76
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Carrol MARYLAND	STATE maruland COUNT	
OR give pearest town)	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
1 TOWN 1 WI W 1 N CONTROLL 1-10-14	TOWN Pural Westminsles	
HOSPITAL OR INSTITUTION OR INSTITUTION OR INSTITUTION OR	STREET (If rural, give location)	
STREET ADDRESS 1.2.	ADDRESS P. D. 4	
3. NAME OF () (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Charles Joseph W	Chronsan DEATH Chris	9 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under	I year ill under 24 hra
m WIDOWED, DIVORCED, (Specify), mg/k	may 25-1949 / yrs. Months.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Besiness or		2. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	maryland	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
angustus Henry Wehrman	Stella, m. 11/ Ison	
15. WAS DECRASED EVER IN U.S. ARMED FORCES) 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	^
(Yes, no, or unknown) (If year, give war or dates of none service)	augustur HW chrman Westminster.	RU4 md
		1.119.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION	INTERVAL BETWEEN
DEATH CHORDING OR CONDITIONS DIRECTLI LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Chutte (ardiar Dialation	421
Antecedent cause(s)		
nor.	e-Premience	LIST.
Diseases or conditions, if any, (b)	man de la constitución de la con	3 16 61
35 stating the underlying cause last	~	19 de
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	, : (CITY OR TOWN) (COUNTY)	Yes No (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(000111)	(0.222.23)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At work		
	C 21	
22. I hereby certify that I attended the deceased from.32	7, 193/, to 4-9- to that I last s	aw the deceased
alive on, 19, and that death occurred at	ADDRESS	ated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
monas, 15 +outs WX	Meelminshi fu	14-7-51
23. BURIAL, CREMATION DATE NAME OF CEMET	ERY OR CREMATORY LOCATION (City, town, or count	ty) (State)
Bremoval (Specify) and 11-1951 XT. Johns &	tmiles Wishminster	mel.
DATE REC'D BY LOCAL REGISTDAR'S SIGNATURE //	24. FUMERAL DIRECTOR	ADDRESS
REG. H/10/57 //www.tnows	HB ampend Don Windmin	1 m /
	The williams of the bouldings	, Ind

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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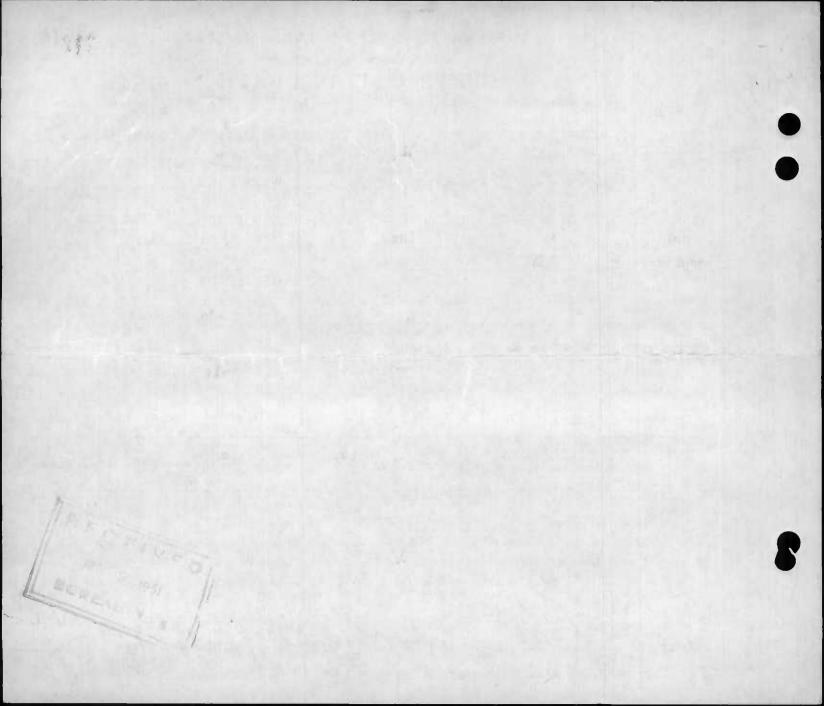
	CERTIFICAT	TE OF DEAT	TH Reg.	Dist. No. 74
1. PLACE OF DEATH-		2. USUAL RESIDENCE	(HOME) OF DECEASI	ED.
CARROLL	MARYLAND	STATE Marvla		COUNTY Carroll
CITY (If outside corporate limits, write RUR	AL and LENGTH OF STAY	CITY (If outside corpo		AL and give nearest town)
OR givo nearest town) TOWNTUTAL - Sykesyille	BO yrs. 2 mos.	or TOWN Baltin		
HOSPITAL OR	, 9 days	STREET	(If rural, give le	ocation)
INSTITUTION OR Strungfield	State Hospital	ADDRESS unknow	wn	
3. NAME OF (First)	(Middle)	(Last)	4. DATE (M	onth) (Day) (Year)
DECEASED (Type or Print) HENRY		WEINEL	OF DEATH ADY	
6. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	1 20	If under 1 year If under 24 hr Months Days Hours Min
male white	WIDOWED, DIVORCED, (Speedly) Single	6/19/1877	83 ym.	Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State		12. CITIZEN OF WHAT
done during most of working life, even thretired) OSDITATIZED SINCE 1920	Mountingwar	Germany		SEXTER
s. FATHER'S NAME unknown		14. MOTHER'S MAIDE unknow	N NAME	771
15. WAS DECRASED EVER IN U.S. ARMED FORCES	3? 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
Yes, no, or unknown) (If yes, give war or dates service)	of _	Record, Sprin		Hospital
	18. MEDICAL CE			
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)_E	Bilateral pulmor	nary tubercul	osis	2 month
giving rise to the above cause stating the underlying cause last (c)				
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	5 1 - 1			L: - 700
related to the disease or condition causing deal		nia, paranoid t	ype	since 1920
19a. DATE OF OPERATION 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY1
l l				Yes 🗆 No 🗆
SUICIDE OF INJ		(CITY OR		COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CCUR?	
22. I hereby certify that I attended th	e deceased from 3/5	19 51 to 4/4	/ 1951 that	I last saw the deceased
slive on 4/4 1951 as SIGNATURE SELECT	d that death occurred at	5:05 A m., from the		
		Vicesville N	LOCATION (City	4/4/51
REMOVAL (Specify) 4/6/5	Un revolume	edschool	Bells &	or county) Mo (State)
DATE REC'D RY LOCAL REGISTRAD'S	SIGNATULE	UNERAL DIRECT	OR 0.1 7-2	APPRESS OF

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly.

correct age

VS. A15



VS. A15

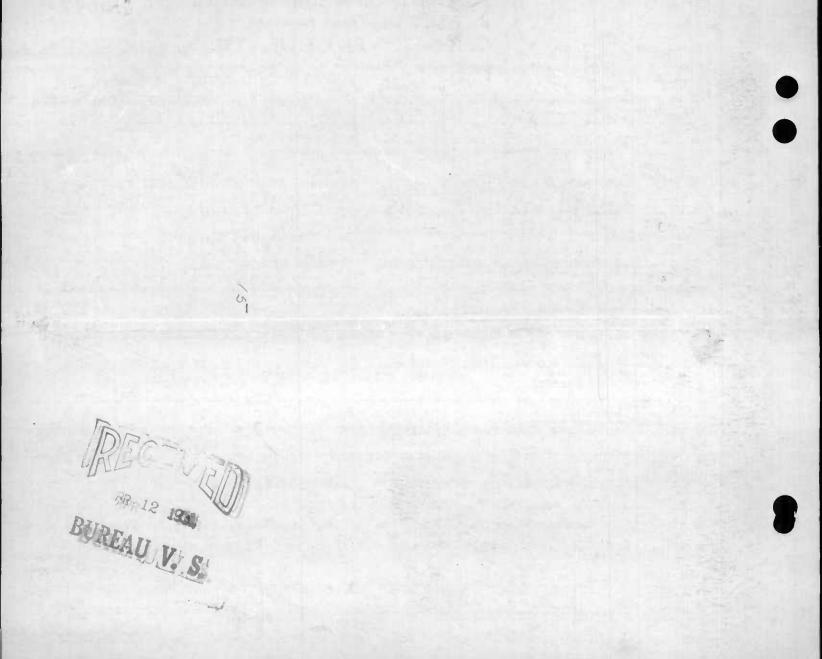
The correct age

MARYLAND STATE DEPARTMENT OF HEALTH 170

2411 N. Charles Street, Baltimore

CEPTIFICATE OF DEATH

		GENTIFICAT	E OF DEAT	Reg. Dist.	No/
1. PLACE OF DEAT COUNTY	u. Carroll	MARYLAND	2. USUAL RESIDENCE (I	nd coun	
OR give nearest	orporate limits, write RUR. town) Sykesville	(in this place)	TOWN Baltim	ate limits, write RURAL and Ore	give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRE		State Hospital	STREET ADDRESS unknown	(If rural, give location)	./
3. NAME OF DECEASED (Type or Print)	(First) Harry	(Middle) W.	(Last) WEYER	4. DATE (Month) OF April	(Day) (Year) 10 19 51
s. sex male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH	9. AGE last birthday If und Month	er 1 year If under 24 hr
10a. USUAL OCCUP done during most of v Salesman	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OF INDUSTRY	Maryland	or foreign country)	12. CITIZEN OF WHAT
13. FATHER'S NAM John 1			Elizabeth ?		
15. WAS DECRASED E. (Yearno, or unknown)	VER IN U.S. ARMED FORCES (If yes, give war or dates of lacrvice)	? 16. Social Security No. unknown		ADDRESS ngfield State Ho	spital
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CO	ONDITIONS DIRECTLY				INTERVAL BETWEEN ONSET AND DEATH
447 X Immediat	e cause (a)	Arteriosclerosis			5 years
Diseases or	nt cause(s) conditions, if any, the above cause	typertension	***************************************	**************************************	8 years
	(c)				
Conditions contributed to the disea	CANT CONDITIONS uting to the death but not se or condition causing deat		paranoid type		49 yrs.
19a. DATE OF OPE	RATION 19b. MAJOR R	INDINGS OF OPERATION			20. AUTOPSY? Yes No 🗆
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACOF	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR 7	TOWN) (COUNT	Y) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby certi	ify that I attended the	e deceased from Sept. 1	, 1947., to April	9., 1951, that I last	saw the deceased
alive onAp	ril 9, 19.51, an Martin Gross,	d that death occurred at7	25. a. m., from the ADDRESS	causes and on the date	stated above. DATE SIGNED
	natin on	m. m.D.	Sykesville, Mar	yland	4/10/51
23. BURIAL, CREM DEMOVAL (Special	ATION DATE THEREO	95/ NAME OF CEMETE		Baltimore	
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO		ADDRESS



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

	Carroll	MARYLAND	2. USUAL RESIDENCE (H STATE Maryl:		EASED. COUNTY	Carro	11
TOWN //	t town Woodbir	ne LENGTH OF STAY		te limits, write R	URAL and give	nearest tow	n)
HOSPITAL OR INSTITUTION O STREET ADDRE	R Edna Hewi	t Nursing Home	STREET ADDRESS Libe	erty Ros	ve location)		
3. NAME OF DECEASED (Type or Print)	(First) Annie	Elizabeth	winters	4. DATE OF DEATH	April :	(Day)	(Year) 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, BIVORCED, (Specify) 100WED	s. DATE OF BIRTH	9. AGE last birtl	hday If under 1 Months	Days Houn	ler 24 hrs. Mln.
done during most of	PATION (Give kind of wor working life, even if retired SEWITE	k 10b. KIND OF BUSINESS OR	Maryland		12.	CITIZEN OF	WHAT
13. FATHER'S NAM			14. MOTHER'S MAIDEN Unknown				
15. WAS DECRASED E (Yes, no, or unknown)	Over In U.S. Armed Force (If yes, give war or date (service)	16. SOCIAL SECURITY NO. NONE	Lannon Winter	rs Reist	terstown	n Md	
		18. MEDICAL CE	RTIFICATION				
	onditions directly the cause (a)	LEADING TO DEATH	y Edma			INTERVAL B ONSET AND	
Diseases or giving rise	ent cause(s) conditions, if any, to the above cause underlying cause last (c)	ardic Tascus	an Brial I	i sase		many;	grass
Conditions contrib	ICANT CONDITIONS outing to the death but no ase or condition causing de						
19a. DATE OF OPE	ERATION 19b. MAJOR	FINDINGS OF OPERATION				20. AUTO	PSY?
21. ACCIDENT SUICIDE HOMICIDE	OF	ACE (Home, farm, factory, street, office bldg., etc.) JURY	(CITY OR TO	OWN)	(COUNTY)	(STAT	E)
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	UR?			
		he deceased from	and the same of th	/			
alive on SIGNATURE	<u></u>	ind that death occurred at	ADDRESS	eauses and on	the date stat	ted above.	GNED
23. BURIAL, CREM	HATION I DATE THER	FOR INAME OF CEMETE	MINISTER RY OR CREMATORY LO	CATION (City	me	1 (8	tate)
REMOVAL (Spe	cify) Apr 13	1951 Govans Pre	sbyterean Com	Baltimo	re	Md	
DATE REC'D/BY REG.	LICAL REGISTRAR	SSIGNATURE	24. FUNERAL DIRECTOR Wm Berryman	& Sons	Keister	address	Md
///	1	e. Henritt					



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3649

CERTIFICATE OF DEATH

1. PLACE OF DEATH.		2. USUAL RESIDENCE	HOME) OF DECEASED.		
COUNTY	MARYLAND	STATE Maryland COUNTY Talhot			
CITY (If outside corporate limits, write RURA	L and LENGTH OF STAY	CITY (If outside corpo	rate limits, write RURAL and		
OR give nearest town) TOWN Henryton	(In this place)	Town Trappe			
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rural, give location)	/	
STREET ADDRESS HENRYTON STA	TE HOSPITAL	ADDIVESS			
3. NAME OF (First)	(Mlddle)	(Last)	4. DATE (Month)	(Day) (Year)	
DECEASED (Type or Print) MARY	LOUISE	YOUNG	OF DEATH April	12 1957	
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday If und	er I year If under 24 hr	
FEMALE NEGRO	WIDOWED, DIVORCED, (Specify) Single	Sept. 20.1934	16 yrs. Month	hs Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT	
done during most of working life, even if retired)	High School		e. Parvland	COUNTER	
13. FATHER'S NAME		14. MOTHER'S MAIDE	N'NAME		
Carroll Hemsley		Cath	erine Young		
15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of	16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS		
NO service)	None	Catherine You	ing, Trappe, Mary	rland	
	18. MEDICAL CE	RTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY I	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH	
	Dilmonover Tub	omoul oci c		2000	
Immediate cause (a)	Pulmonary Tub	ELGUIOSIS		Aug.,1950	
Antecedent cause(s)					
Diseases or conditions, if any. (b)		**************************************	hand approximate \$4.000 are a day \$5.00 approx approx approx approx a company a depart and a company approx approx a company approx a company approx approx a company approx appr		
giving rise to the above cause stating the underlying cause last					
(c)				1	
11. OTHER SIGNIFICANT CONDITIONS					
Conditions contributing to the death but not related to the disease or condition causing death	1.				
19a. DATE OF OPERATION 19b. MAJOR F.	INDINGS OF OPERATION			20. AUTOPSY?	
				Yes No No	
21. ACCIDENT (Specify) PLAC SUICIDE OF	E (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (COUNT		
HOMICIDE INJU	RY				
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OF	CCUR?		
INJURY m.	Work At work				
22. I hereby certify that I attended the	descend from Feb 27	1057 to Anni 7	70 10 57 4hat T 1-4	com the Jane	
22. I hereby certify that I attended the	deceased from x.e.r	, 19,51, 10/5,54	Last, 19 L, that I last	saw the deceased	
alive on April 12, 1951, and	that death occurred at. 1	1:30A.m., from the	causes and on the date	stated above.	
SIGNACOURE	(Degree or title)	ADDRESS		DATE SIGNED	
Struck. Sam	HEAU H	enryton, Maryla	nd	1/10/51	
23. BHDIAG, CRIMATION DATE THEREO		RY OR CREMATORY	LOCATION (City, town, or co	unty) (State)	
REMOVAL (Specify)	3. 5		Cambridge		
DATE REC'D BY LOCAL HEGISTRAR'S	SIGNATURE	24. FUNERAL DIRECT		ADDRESS	
REG. 4/12/51 Albert	2 Inomhha	m 15.	in William		
The state of the s		300 h	10000	Balle, md	
Deput	y Local	244 . W. X	ensien ser. L	Talle, Mich	

BUREAU V. SS.

" und